Medicare Beneficiary

Grassroots Rights and Protections Outreach Project

for

Vulnerable Populations

The Asian and Pacific Islander Population in the states of Washington, Idaho, and Alaska Study

1999

The National Asian Pacific Center on Aging

RA
448.5
.A83
M43
1999

Introduction

Project Background

The Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations was created by the Health Care Financing Administration (HCFA) to seek ways to encourage and strengthen the full participation and inclusion of special needs populations, as equal partners in their own health care and treatment decisions, by promoting greater awareness of their rights and responsibilities and improving access to their rights and protections. In this view, cultural competency, or the ability to effectively communicate information to different cultures in a manner which reflects an understanding of that culture, increases significantly HCFA's ability to provide all its beneficiaries with information about rights and protections in a manner that assures effective communication.

HCFA identified this opportunity for improvement in the delivery of services to vulnerable populations as a result of four recent events: (1) The Presidential Advisory Commission concluded that the needs of our most vulnerable citizens—the poor, the frail elderly, those living with disabilities, the mentally ill, children, low income individuals, minorities and immigrants, non-English speaking consumers, and others—require special attention; (2) The Institute of Medicine's Workshop on Developing the Information Infrastructure for Medicare Beneficiaries that developed information on "Special Needs Populations;" (3) President Clinton's announced program for achieving racial parity in health care; and (4) The Administrator's expressed view that beneficiaries are HCFA's ultimate customers and raison d'etre. This project was designed to help HCFA meet three separate mandates: (1) implementation of the Presidential Advisory Commission's Bill of Rights and Responsibilities; (2) implementation of the Balanced Budget Act's requirements; and (3) implementation of the Secretary's Race and Health Initiative.

For the pilot project, the first populations targeted by HCFA were the Asian Population in the States of Washington, Alaska, and Idaho; the Native Indian and Eskimo Populations in the States of Washington, Alaska, and Idaho; and the Frail and/or Over-85 Vulnerable Elderly Population in the United States. HCFA selected these three pilot studies because HCFA as an agency has little internal information available about these populations.

HCFA identified several deliverables to be performed as part of each study. These deliverables include:

- Bibliography
- Demographic Report
- Report on Support Systems
- Environmental Scan Report
- Recommendations Report on Establishing Information Delivery Networks

PRO-West was selected to administer the Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations. PRO-West identified a partner that was already engaged in the study of the population to undertake each of the studies. During the course of the project, PRO-West was responsible for project management, facilitating between the partners, and coordinating with HCFA to assure that the project met HCFA expectations for each study.

Project Team

PRO-West

PRO-West is an independent, private, non-profit organization under contract to the Health Care Financing Administration to assess and improve health care quality for Medicare beneficiaries in Washington, Idaho, and Alaska.

National Asian Pacific Center on Aging

The National Asian Pacific Center on Aging is a non-profit advocacy and membership organization founded in 1979. Headquartered in Seattle, Washington with programs in ten communities around the country, NAPCA is committed to preserving the dignity, well-being, and quality of life of elder Asians and Pacific Islanders.

National Indian Council on Aging

The National Indian Council on Aging (NICOA) was formed by a group of tribal chairmen in 1976 and is the primary non-profit advocate for the nation's estimated 200,000 American Indian and Alaska Native elders. NICOA is governed by a 13-member board of directors—all Indian elders—and our mission is to create "improved, comprehensive services for American Indian and Alaska Native elders."

RAND

RAND is a nonprofit institute that helps improve policy and decisionmaking through research and analysis. RAND Health, a research division within RAND, works to improve health care systems and advance understanding of how the organization and financing of care affect costs, quality, and access.

Disclaimer

The analyses upon which this publication is (in part) based were performed as a special project under Contract 500-96-P618. The special project, entitled "Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations—The Asian, American Indian and Eskimo Populations in the States of Washington, Idaho and Alaska Study, and the over-85 Medicare/Medicaid National Population Study," is sponsored by the Division of Member Rights and Protections, Health Care Financing Administration, Department of Health and Human Services. For the purposes of this project, the National Asian Pacific Council on Aging (NAPCA), the National Indian Council on Aging (NICOA), and RAND are contractors to PRO-West. During the course of the project, PRO-West was responsible for project management, facilitating between the partners, and coordinating with HCFA to assure that the project met HCFA expectations for each study. The conclusions and opinions expressed and the methods used are those of NAPCA, NICOA, and RAND. They do not necessarily reflect HCFA policy or the opinions and conclusions of PRO-West. NAPCA, NICOA, and RAND assume full responsibility for the accuracy (to the extent under their control) of the ideas presented. This publication is a direct result of the Health Care Quality Improvement Program initiated by HCFA, which has encouraged identification of quality improvement projects derived from analysis of patterns of care. Ideas and contributions concerning experience in engaging with the issues presented here are welcomed by PRO-West. This contract is interpreted and performed in accordance with the HCFA Contracts with PRO-West for Operation of Utilization and Quality Control Peer Review Organizations for the State of Washington (Contract Number 500-96-P618). All clinical and scientific material presented or referenced is intended for informational purposes and is not intended to replace the independent judgment, decision making and research of a health care provider treating a particular patient. Readers are encouraged to confirm the information contained herein with other sources. In view of the possibility of advances in medical knowledge or human error, neither PRO-West, its sponsors, its staff, its agents, its consultants, nor any other party involved in preparing or presenting this information makes representations or warranties, express or implied, with respect to any treatments, decisions, or actions by any person following the information presented or referenced herein. PRO-West will not be liable for any direct, indirect, consequential, special, exemplary, or other damages arising therefrom.

The National Asian Pacific Center on Aging

Asian and Pacific Islander Elders in the U.S.: an annotated bibliography

Prepared by
Donna L. Yee, PhD
Director for Policy & Research

Contributors: Meghan Sullivan, Nancy Neal, Ken Bostock
National Asian Pacific Center on Aging

Overview

Who are Asian Pacific Islanders?

Asians and Pacific Islanders in the U.S. (APIs) are a relatively rare population, even while they are the fastest growing ethnic/racial group in the U.S. In 1997 there were an estimated 9.6 million APIs of all ages in the U.S[1]., less than four percent of the total US population. Of these approximately 500,000 were elders (65 and over). By 2050 estimates show API elders at 6.2 million, or eight percent of all older persons in the U.S.: a 1,000 percent growth in the number of API older persons in the U.S. between 1980 and 2050 (Bureau of the Census, 1993; Lee & Sung, 1998).

More than half of API elders live in the western States of California, Hawaii, and Washington. The most numerous API ethnic groups in the U.S. include Chinese (24 percent of APIs), Filipinos (21 percent), Asian Indians (13 percent), Vietnamese (11 percent), Koreans (10 percent), and Japanese (10 percent) (Lee & Sung, 1998). Among more than twenty ethnic groups, about 70 percent of API elders speak an Asian or Pacific Island language at home (not English). The range of limited English proficient elders varies from 90 percent among Vietnamese, Cambodian, Filipino and Korean; 83 percent among Chinese and Asian Indian; and 17 percent among Japanese elders. More than a third of API elders require language assistance when communicating with monolingual English speakers.

1990 census data show an unusual income distribution for API elder households (65-75 years of age). While a fifth reported incomes under $10,000/year (about the same proportion as Whites), almost a fourth reported incomes of $50,000+ (compared to 14 percent for Whites). Yet, API populations are generally absent from literature on economic security and retirement planning.

Most of the social services literature on API older persons points to concerns about those APIs who have very low incomes, are language isolated, and rely on family members for assistance to meet social and economic needs. The absence of knowledge based on systematic study of representative samples, that targets particular ethnic populations, and that addresses the effects of culture and related factors on health status and health outcomes, results in very little information to help policy makers take actions that effectively mediate problems.

As older adult populations grow in diversity, access to current information that builds knowledge about API populations and the impact of variation among API ethnic groups is not keeping pace. In another part of this study series, a more detailed demographic analysis is being conducted on API populations, as well as descriptions of API support systems in the States of Washington, Idaho and Alaska.

---

[1] Ethnic groups of Asians in the United States include persons from Hong Kong, People's Republic of China, Taiwan, the Philippines, Japan, Korea, India, Vietnam, Cambodia, Laos, Thailand, Singapore, Pakistan, Malaysia, Bangladesh and Indonesia. Pacific Islanders in the U.S. mostly include persons from Samoa, Tonga, Guam, and Hawaii.

Bibliographies as Starting Places

For policy makers in health and human services who know little about Asian and Pacific Islander populations, this bibliography on "APIs and Health" is a starting place. Keywords and abstracts are provided for each citation. The bibliography is not exhaustive. It is a first stop for queries that can lead to a sense of what is available on given broad topics. In particular, the bibliography focuses on information that is a first step in helping health and other human service systems consider issues of cultural competency with respect to API populations. A section describing methods used to compile the citations is followed by a list of citations, then by the annotated bibliography. The final section of this report provides a broad discussion of bibliography contents.

As a first step, this bibliography can lead its users to studies, commentary, and other published literature that provide a context for understanding:

a) the apparent low participation or utilization levels by API older persons in "universal" programs like Medicare, congregate nutrition, and home and community-based long-term care service programs;
b) why so little is known about API participation in Medicare-linked programs that address health care affordability (e.g. Qualified Medicare Beneficiary or Medicaid);
c) in what ways APIs overall or as distinct ethnic groups have higher or lower incidence or prevalence rates for particular chronic diseases;
d) whether and how education and clinical interventions might lower health and long-term care costs for older APIs; or
e) what is known that addresses "cultural competency" issues for service systems and practitioners with respect to API populations.

The targeted audience for this annotated bibliography is staff at HCFA and other units of DHHS, as well as practitioners and researchers interested in identifying literature on Asian Pacific Islander older persons and health. The intent is to make the document accessible in print and electronic file formats. An electronic file is provided that could be viewed and searched by variables of interest and/or keyword. Abstracts of citations are provided for a quick review of the document content or topic. A standard citation style is used to assure that adequate information is provided so the user can obtain a copy of the document.

Methods

Sampling Approach (Selection of Citations)

This report includes citations of studies and articles on "Asian and Pacific Islander older persons and health" published between 1970 and 1998. Criteria for selection includes

a) document availability in English;
b) document availability in academic and public library repositories and systems in the U.S.;
c) primary focus of content in social sciences with secondary focus on health

services; and

d) potential interest to/usefulness for health program administrators and managers, researchers, and program practitioners involved in health and related services for Asian and Pacific Islander older persons or other vulnerable populations.

Beginning with an existing list of 516 published and unpublished documents written between about 1970 and 1995, a computerized database was developed (see below). Criteria listed above were applied to the initial database. Additional search activity was conducted using *Medline*, a database available on the Internet, as well as the libraries of several individuals. Abstracts and copies of documents were then obtained for almost all references. A keyword lexicon was developed and applied to references. The above criteria were again applied to all database records.

Keywords to broadly categorize bibliography contents were applied to references based on document title and abstract in most cases. For about 20 percent of the references, creating an abstract and identifying keywords was necessary. As listed on Table 1, keyword categories were created for thirteen topical areas. The category "API Populations" includes major ethnic groups mentioned in the literature, including ten sub-categories. The second column lists the number of references by topic using a keyword and abstract search. The third column provides the parameters or definitions of each topic area.

Management of Bibliographic Data

The citations/abstracts have been created using EndNote for Windows, a database software application designed to facilitate the entry and updating, access to, and utilization of references. EndNote is a relatively inexpensive but extremely powerful database application designed for the review, management, and use of bibliographic data. It also supports integration of citations with word processing text and exchange of records with other bibliographic software programs.

All data stored within the EndNote library database are easily exportable to other databases either as an ANSI or RTF file. Searches and sorting can be achieved within Endnote (specified by keyword or all data fields) or within word processing applications with a "find" feature.

Key information collected for each of the references includes:
Author or Authors
Year
Title
Type of Publication
Volume
Issue
Pages
Keywords
Abstract

Key information may be enhanced depending on the reference type. For example, an edited book, report or thesis will include additional information appropriate for that reference. Where possible, abstracts are those published. Otherwise summaries were developed by staff compiling the data base.

Table 1. Summary of Contents of Bibliography on Asian Pacific Islanders-and-Health

Keywords	Citations N=752	Definitions
API Populations		Asian American and Pacific Islanders, any of the 36 Census Bureau defined Asian and Pacific Islander ethnic groups counted in 1990, or similar terms
Chinese	150	
Japanese	186	
Filipino	62	
Korean	61	
Vietnamese	50	
Lao, Cambodian, SE Asian (not Vietnamese)	42	
Asian Indian, other South Asians	32	
Hawaiian	43	
Samoan	29	
Pacific Islander (not Hawaiian or Samoan)	52	
Asian/Asian Pacific Islander, other Asians	287	
International	154	Cross-national or international studies, emigration from Asia or Pacific Island countries, or related topics
Cultural Competency	357	Efforts of systems, organizations and service providers to respond to the cultural, language, and other differences that impact service access, availability and use by API older persons. Policies related to cultural competency.
Demography	304	Census, socio-economic status, language, housing, religion, living arrangements, etc.
Immigration/refugee	172	Nationalization, citizenship, resettlement, reunification of families, etc.
Family/Caregiving	185	Family supports, informal care, intergenerational mutual assistance and caregiving issues
Health Status	195	Population, community, individual assessments of health
Health Promotion /Disease Prevention	110	Public health, sustaining health and wellness
Disease	220	Specific diseases or chronic illnesses, studies of biological systems
Medical Services /doctors/hospitals	177	Hospital, rehabilitation, physician, ancillary health professional and related service access, availability, acceptability
Mental Health	169	Emotional, psychological, psychiatric, mental illness, topics
Community Services	313	Social services, home and community-based services, social support, housing, employment, legal and other human services, formal care
Nursing Homes	42	Institution-oriented long term care, special care units.

Please refer to the following sections:

- **Citations**
- **Annotated Bibliography**

Commentary

The bibliography contains 752 citations, of which 104 were published between 1970 and 1979; 231 between 1980 and 1989; and 387 between 1990 and 1999. There are an additional 29 citations of documents published between 1920 and 1969. These are included to provide some historical reference as examples of articles available prior to 1970.

In applying the above mentioned criteria to the citations, extended summaries of documents are provided as an abstract where such documents might be less available. In these instances, the reference was thought to be of particular interest to users of the bibliography. Generally excluded, though, are presentations and speeches made at professional meetings, theses or unpublished documents developed as part of degree requirements, and conference and project reports that are generally unavailable to the public.

This bibliography does not represent an exhaustive search of the literature on Asian Pacific Islander (API) older persons and health. It is, however, a fairly broad overview of the available literature. The citation search process focused on social science literature and only secondarily on the health services literature because a primary interest was in how the bibliography might help the target audience consider issues of cultural competence in making program, practice and research decisions. While limited in these ways, and with regard to the broadness of the thirteen keyword topics, it is hoped that users will be able to use the bibliography as a reliable starting point for their investigations.

Discussion

The following section points to a few examples of the strengths and weaknesses in the literature on API elders and health issues. This discussion borrows broadly from several authors referenced in the bibliography when considering the extent to which notions about API elders are valid and reliable. This is not a review of the literature per se. This section discusses the extent to which efforts toward culturally competent human service systems are in their infancy with respect to API populations and their concerns.

A Review of Events Affecting Views of API Elders

The study of older persons as a population with specific needs and in need of specific services began to evolve in the 1950s during the initial development of social, economic and basic science theories about old age and aging, when older persons were treated in policy discussions as a minority (Barron, 1953). It was not until the mid-sixties and seventies that Asian and Pacific Islander older persons as a racial/ethnic group surfaced among the minority issues in the "aging literature."

Two clusters of events presage the work done today on API elders in the US. The first is the authorization and establishment of the Older Americans Act, the initiation of Medicare, and attention to how Old Age, Survivor's and Disability Insurance and Medicaid were necessary supports for increasing numbers of older persons in poverty. Through no fault of their own, and largely due to the Depression, large numbers of older persons became "deserving poor" and public programs were developed to respond to their needs. A major outcome of these programs is the development and maintenance of community-based service infrastructures that find and serve all older persons in every community in the U.S.

The second cluster of events were the changes in immigration policies as a result of American intervention in the Pacific and in support of family reunification among generations of immigrants who had been unable to settle in the US as intact multi-generation families (Ross, 1995; Takaki, 1989; Van Hook & Bean, 1999). The arrival of large numbers of API adult workers in the 1970s and 1980s is thought to be the underlying cause of the large increase in API older persons today. Elders sponsored to the US by adult children as part of intergenerational family reunification efforts actually represent only about a small portion of immigrant elders in API communities today. As a result, proportions of elders in API communities are increasing rather than decreasing. This change signals much of the cultural, language and lifespan diversity that API elders represent among older adults nationwide.

Thus, three sets of policies are triggers of information about API older persons and their economic and health status: (a) the decennial census since 1980 that has collected API-specific by ethnic group, (b) the implementation of major social programs to mediate economic and health insecurity among all older persons, and (c) immigration policies that support family reunification among API populations. While many advances in population sampling and analytic methods over the last two decades have improved the knowledge base about the health status and health outcomes of older persons in general, their ability to glean or identify such effects for APIs (in the aggregate or by ethnic group) has been unsuccessful. As a result, waves of small area studies with non-representative samples, anecdotal evidence, and commentary have consistently raised issues and alerted policy makers to problems. Efforts to gain adequate visibility or solid data to better understand issues and fuel actions have not been adequately effective in attaining needed system-wide responsiveness to API elders.

What the Bibliography Says About API Elders

Requisite planning for community-based services under the Older Americans Act and mental health statutes have led to several descriptive studies on API elders. Representative sampling efforts for studies on API older persons are hampered by a range of difficulties (Yu & Liu, 1992). As well, public health and other broad population studies on older APIs, a very small portion in their relatively "young" communities, have remained a relatively low priority. With project funding to community-based investigators, however, initial information about API elders was published (Fujii, 1976a; Fujii, 1976b; Fujii, 1978).

Descriptive studies of non-representative samples of specific ethnic groups have been published largely from the late-sixties to the present. These are a large portion of the literature on API elders (Batalden, 1973; Carp & Kataoka, 1976; Chen, 1970; Kim, 1997; Lee & Kiyak, 1992; Levy-Storms, 1998; Matsumoto, Meredith, & Masuda, 1970; Mui, 1996; Munoz, 1976; Ramakrishna & Weiss, 1992; Sung, 1990; Tran, 1991). The strength of these studies is their ability to identify and elucidate language, culture, and social circumstances that impact API participation in mainstream public programs for elders. Some would say that in three decades, the same studies continue to describe many of the same problems largely because little has been done to mediate the issues raised. Perhaps, it can be argued, studies of programs that effectively respond to issues should be conducted and widely disseminated in order that replication efforts could be undertaken. In mature Chinese communities like San Francisco, for example, where there is significant success in serving "difficult to reach" Chinese elders, the literature should describe the process and outcomes of programs with multilingual services provided by bicultural multilingual social workers, physicians, and program administrators, as well as identify the benefits of culturally competent 'ways of doing business' in terms of aging network service effectiveness and health care access.

In the public health literature, there are few *longitudinal studies* such as the one in Hawaii which compare Japanese, Filipino, Hawaiian and other ethnic populations in Hawaii and Japan (Curb, Reed, Miller, & Yano, 1990; Tillotson, Kato, Nichaman, & al, 1973; White et al., 1996; Yano, Reed, & McGee, 1984). These important studies support inferences about the impacts of environment, culture, food, health access, and related issues among populations studied on health status and health care outcomes. They lead to questions about whether other API populations have similar experiences and outcomes, including patterns of change in health status and aging, and the extent to which socioeconomic status, nativity/immigration, and other life circumstances impact access to health care, health status and health care outcomes.

As a relatively rare and difficult to recruit research population in areas other than Hawaii, however, *sampling*, study protocol, analytic, or other approaches may need to be developed to gain knowledge about API elders that parallels that of other more numerous populations with willing study participants (Yee, 1999). National scale representative studies that compare API ethnic populations with Whites or other groups require significant expense to support over-sampling techniques, and/or language and cultural translation.

Perhaps study methods that include rigorous sampling within small area studies would result in findings that can be generalized to an ethnic group, or to some extent, among API groups in similar geographic areas or with similar community infrastructures. As well, access to data on APIs and other vulnerable populations in ongoing longitudinal national surveys such as the Medicare Beneficiary Survey, Longitudinal Study on Aging, or Survey of Income Program Participation are needed both to enable comparisons between APIs and other populations and to support secondary analyses that estimate national or regional impacts of policies on API elders. Change in methods for self-identification of race/ethnicity in the 2000 Census will additionally raise new challenges and opportunities for data availability and reliability.

Even as the designation "Asian Pacific Islanders" has made API groups visible and countable over the last few decades, the *aggregate label* does not consistently benefit API ethnic groups. The application of study findings for practice protocols that are the same for Cambodian, Korean, and Japanese elders with regard to post-operative diet restrictions, for example, may result in inconsistent outcomes due to differences in culture, language, and baseline health status among the ethnic groups. By treating all APIs alike and ignoring the variation among and within ethnic groups, a little knowledge can be as bad as none at all. Attention to the significance of differences among API populations may be as important as the ability to identify a patient, resident, or provider as an API individual (Tanjasiri, Wallace, & Shibata, 1995; Tirado, 1993; Warren, Hahn, Bristow, & Yu, 1994; Yee, 1998).

Finally, vulnerable populations as consumers in an open health care market is a paradox. The ability to define and foster the exercise of *beneficiary rights and responsibilities* among vulnerable populations like API elders will likely require innovative study models and accurate measures of program effects. Concerns about access to health information, access to health care system benefits, responsible benefit utilization, and health care outcomes raised in the policy literature and commentary require systematic approaches that measure progress in these areas as well as approaches that model, pilot, and diffuse interventions (California Cultural Competency Task Force, 1994; Capitman, Hernandez, & Yee, 1991; Fong & Mokuau, 1994; Greenlick, 1992; Guillermo, 1994; Lavizzo-Mourey & Mackenzie, 1996; Tirado, 1993).

Structures like HCFA may find that defining its responsibilities and willingness to address cultural competency issues are an important first step toward fully meeting statutory obligations that assure equitable access to benefits among all program beneficiaries. The steps, however, are not one after the other, but several at a time. Steps are also needed in a culturally competent context to define standards and implement and enforce protocols that assure access and quality care among HCFA program contractors even while a knowledge base is being developed and broadened to inform practice and program administration efforts.

Conclusion

Creating opportunities to better understand how API populations are different and similar to other groups, and how those differences contribute to and mediate problems is a great need. Problems getting information and obtaining health and other human services need to be addressed. An even greater need, as API communities increase in diversity, is to take action to mediate problems identified. On the one hand, there are relatively small numbers of API elders from a national perspective. Locally, however, the numbers of API elders are often large. Inaction on these needs or wait-and-see decisions are particularly unhelpful. On the other hand, as immigrant populations, APIs will not necessarily "outgrow" their needs for language and cultural competence among providers to assure system access – the literature suggests that generational cohort experiences may give rise to iterations of problems, not solve them.

Conceiving and launching national initiatives for larger ethnic or language populations of APIs and leaving smaller ethnic groups to fend for themselves is also an unhelpful approach. APIs present a microcosm for America's challenge to learn about and address diverse population needs. Taking on multilingual multimedia education and information campaigns related to Medicare or social security programs in a targeted manner (that does not assume one-size-fits-all) may present real opportunities to learn AND solve chronic policy and administrative challenges.

References

Barron, M. (1953). Minority Group Characteristics of the Aged in American Society. *Journal of Gerontology*, 8, 477-482.

Batalden, P. (1973). *Home Health in Chinatown* (DHEW Pub No HSA 73-6408). Rockville, MD: Health Services Administration, Bureau of Community Health Services.

Bureau of the Census. (1993). *Profiles of America's Elderly* (3): Bureau of the Census & National Institute on Aging.

California Cultural Competency Task Force. (1994). *Recommendations for the Medi-Cal Managed Care Program* : California Cultural Competency project, Institute for the Study of Social Change, University of California, Berkeley, CA.

Capitman, J., Hernandez, W., & Yee, D. (1991). Diversity Assessments in Aging Services. *Generations*, 15(4), 73-76.

Carp, F., & Kataoka, E. (1976). Health Care Problems of the Elderly of San Francisco's Chinatown. *The Gerontologist*, 16(1 (part 2)), 30-38.

Chen, P. (1970). The Chinese Community in Los Angeles. *Social Casework*, 51, 591-598.

Curb, J., Reed, D., Miller, F., & Yano, K. (1990). Health Satus and Life Style in Elderly Japanese Men with a Long Life Expectancy. *Journal of Gerontology*: Social Sciences, 45(5), S206-S21 1.

Fong, R., & Mokuau, N. (1994). Not Simply "Asian Americans": Periodical Literature Review on Asians and Pacific Islanders. *Social Work*, 39(3), 298-305.

Fujii, S. (1976a). Elderly Asian Americans and Use of Public Services. *Social Casework*, 57(3), 202-207.

Fujii, S. (1976b). Older Asian Americans: Victims of Multiple Jeopardy. *Civil Rights Digest*(Fall), 22-29.

Fujii, S. (1978). Retirement as it Relates to the Pacific-Asian Elderly. In E. Stanford (Ed.), *Retirement: Concepts and Realities of Ethnic Minority Elders*. San Diego, CA: Campanile.

Greenlick, M. (1992). Education Physicians for Population-Based Clinical Practice. *Journal of the American Medical Association*, 267(12), 1645-1648.

Guillermo, T. (1994). Are Asian/Pacific Islander Americans Underepresented in Health Research? *Asian American and Pacific Islander Journal of Health*, 2(4), 299-302.

Kim, O. (1997). Loneliness: A Predictor of Health Perceptions Among Older Korean Immigrants. *Psychological Reports*, 81(2), 591-4.

Lavizzo-Mourey, R., & Mackenzie, E. R. (1996). Cultural Competence: Essential Measurements of Quality for Managed Care Organizations. *Annals of Internal Medicine*, 124(10), 919-921.

Lee, J., & Kiyak, H. (1992). Oral Disease Beliefs, Behaviors, and Health Status of Korean Americans. *Journal of Public Health Dentistry*, 52(3), 131-136.

Lee, Y., & Sung, K. (1998). Cultural Influences on Caregiving Burden: Cases of Koreans and Americans. *International Journal of Aging and Human Development*, 46(2), 125-41.

Levy-Storms, L. (1998). *Promoting Prevention: Health Communication Networks and the Adoption of Mammography Screening Among Older Samoan Women*. unpublished, UCLA, Los Angeles.

Matsumoto, G., Meredith, G., & Masuda, M. (1970). Ethnic Identification: Honolulu and Seattle Japanese Americans. *Journal of Cross-Cultural Psychology*, 1(1), 63-76.

Mui, A. (1996). Depression Among Elderly Chinese Immigrants: An Exploratory Study. *Social Work*, 41(6), 633-45.

Munoz, F. (1976). Pacific Islanders—A Perplexed, Neglected Minority. *Social Casework*, 57(3), 179-184.

Ramakrishna, J., & Weiss, M. G. (1992). Health, Illness, and Immigration: East Indians in the United States. *The Western Journal of Medicine*, 157(3), 264-270.

Ross, J. L. (1995). *SSI: Recent Growth in the Rolls Raises Fundamental Program Concerns* (Testimony before the Subcommittee on Human Resources, Committee on Ways & Means, House of Representatives GAO/T-HEHS-95-67) Government Accounting Office, Washington DC.

Sung, K.-T. (1990). A New Look at Filial Piety: Ideals and Practices of Family-Centered Parent Care in Korea. *The Gerontologist*, 30(5), 610-617.

Takaki, R. (1989). *Strangers From a Different Shore: A History of Asian Americans*. Boston, MA: Little, Brown & Company.

Tillotson, J., Kato, H., Nichaman, M., et. al, (1973). Epidemiology of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Methodology for Comparison of Diet. *American Journal of Clinical Nutrition*, 26, 177-184.

Tirado, M. D. (1993). *Cultural Index of Accessibility to Care*. Latino Coalition for Healthy California, Public Advocates, San Francisco, CA.

Tran, T. (1991). Family Living Arrangement and Social Adjustment Among Three Ethnic Groups of Elderly of lndochinese Refugees. *International Journal of Aging and Human Development*, 32(2), 91-102.

Van Hook, J., & Bean, F. D. (1999). The growth of noncitizen SSI caseloads 1979-1996: aging versus new immigrant effects. *Journals of Gerontlogy: SOCIAL SCIENCES*, 54B(1), S16-S23.

White, L., Petrovitch, H., Ross, G., Masaki, K., Abott, R., Teng, E., Rodriguez, B., Blanchette, P., Havlik, R., Wergowske, G., Chiu, D., Foley, D., Murdaugh, C., & Curb, J. (1996). Prevalence of Dementia in Older Japanese-American Men in Hawaii: The Honolulu-Asia Aging Study. *Journal of the American Medical Association*, 276(12), 955-60.

Yano, K., Reed, D., & McGee, D. (1984). Ten-Year Incidence of Coronary Heart Disease in the Honolulu Heart Program. *American Journal of Epidemiology*, 119, 653-666.

Yee, D. L. (1999). Preventing Chronic Illness and Disability: Asian Americans. In M. L. Wykle & A. B. Ford (Eds.), *Serving Minority Elders in the 21st Century* (pp. 37-50). New York: Springer Publishing.

Yu, E. S. H., & Liu, W. T. (1992). US National Health Data on Asian Americans and Pacific Islanders: A Research Agenda for the 1990s. *American Journal of Public Health*, 82, 1645-1652.

Ablon, J. (1970). The Samoan Funeral in Urban America. *Ethnology*, *9*, 209-227.

Abott, R. (1998). Height as a Marker of Childhood Development and Late-Life Cognitive Function: The Honolulu-Asia Aging Study. *Pediatrics*, *102*(3), 602-9.

Abrantes, P., Lewis-Hall, F., Pitarque, A., & Marquart, K. (1994). Impact of Race and Culture on Adolescent Girls: Four Perspectives. *Womens Health Issues*, *4*(2), 85-91.

Administration on Aging. (1995, March 27 and 28, 1995). *Summary Report*. Paper presented at the Aging and Housing Linkages Conference, Baltimore, MD.

Aging and Adult Services Administration. (n.d.). *Minority Elderly Technical Assistance Guide* . Olympia, WA: Aging and Adult Services Administration, State of Washington.

Aguilar San-Juan, K. (Ed.). (1993). *Asian American Activists*. Boston, MA: Southend Press.

Akazaki, K., & Stemmermann, G. H. (1973). Comparative Study of Latent Carcinoma of the Prostate Among Japanese in Japan and Hawaii. *Journal of the National Cancer Institute*, *50*, 1137-1144.

Allen, J. P., & Turner, E. (1997). *The Ethnic Quilt: Population diversty in southern California*. Northridge CA: Center for Geographical Studies, California State University.

Alu_Like. (1980). *A Comparative Study of Native Hawaiian Elderly with Non-Hawaiian Elderly, 1976-1977* . Honolulu, HI: Research & Statistics Office, Alu Like, Inc.

Alu_Like. (1987). *Characteristics and Health Status of Individuals Age Sixty and Over Compared with the Total Population in Hawaii. 1984* . Honolulu, HI: Alu Like, Inc.

Alver, B. G. (1995). The Bearing of Folk Belief on Cure and Healing. *Journal of Folklore Research*, *32*(1), 21-33.

Alzheimer's Disease and Related Disorders Association Inc. (1994). *Multicultural Outreach Program Manual*. Chicago, IL: Alzheimer's Association.

American Association of Retired Persons. (1991,). Health Care Needs of Minority Elderly. *Caring Magazine*, 58-61.

American Association of Retired Persons. (1996). *Applied Research on Health and Ethnicity: Asian and Asian American Elderly* . Washington, D.C.: American Association of Retired Persons: Minority Affairs - Special Activities Department.

American Association of Retired Persons. (1997). *Global Aging Report* (2, #3). Washington, DC: American Association of Retired Persons.

American Society on Aging. (1992). *Serving Elders of Color: Challenges to Providers and the Aging Network* . San Francisco, CA: American Society on Aging.

Anderson, D. (1998, March 18). Judge Tosses Out Anti-Immigrant Law. *The Associated Press*.

Araki, S., & Murata, K. (1986). Social Life Factors Affecting the Mortality of Total Japanese Population. *Social Science and Medicine*, *23*, 1163-1169.

Ariyoshi, S. (1978). *The Doctor's Wife* (Hironaka, W. Kostant, A.S., Trans.). Japan: Kodansha America.

Arkoff, A. (1959). Need Patterns in Two Generations of Japanese Americans in Hawaii. *Journal of Social Psychology*, *50*, 75-79.

Armstrong, L., & Chock, C. (1987). An Alternative Approach to Care for the Frail, Vulnerable Elderly in Hawaii. *Hawaii Medical Journal.*, *46*(11), 428-431.

Asian & Pacific Islander Center for Census Information and Services. (1992). *Our Ten Years of Growth: A Demographic Analysis on Asian and Pacific Islander Americans* . San Francisco, CA: Asian/Pacific Islander Data Consortium, San Francisco CA.

Asian American and Pacific Islander Journal of Health. (1997). Complete Issue. *Asian American and Pacific Islander Journal of Health*, *5*(2), All.

Asian American Community Mental Health Training Center (Ed.). (1983). *Bridging Cultures: Southeast Asian Refugees in America*. Los Angeles, CA: Special Services for Groups, Inc.

Asian American Task Force on the Aging. (1996). *Human Services for the Asian American Elderly* . New York City: Asian American Federation of New York.

Asian Women United of California (Ed.). (1989). *Making Waves: An Anthology of Writings By and About Asian American Women.* Boston, MA: Beacon Press.

Bailey, S., Bennett, P., Hicks, J., Kemp, C., & Warren, S. (1996). Cancer Detection Activities Coordinated by Nursing Students in Community Health. *Cancer Nursing, 19*(5), 348-52.

Baker, F. M. (1992). Ethnic Minority Elders: A Mental Health Research Agenda. *Hospital and Community Psychiatry, 43*(4), 337-338, 342.

Baker, F. M., Moreno, C., Sangalang, J. C., & Lum, O. (1991, 1993). *Differential Assesment and Treatment of Mental Health Problems: African American, Latino, Filipino, and Chinese American Elders.* Paper presented at the Ethnicity: Impact on Mental Health Care for Older Adults, Foster City, CA.

Barker, J. (1991). Pacific Island Migrants in the United States: Some Implications for Aging Services. *Journal of Cross-Cultural Gerontology, 6*(2), 173-192.

Barker, J. C. (1992). Cultural Diversity -- Changing the Context of Medical Practice. *Western Journal of Medicine, Sep*(157), 248-254.

Barnett, H. (1960). *Being a Palauan.* New York: Holt, Reinhart, and Winston, Inc.

Barresi, C. M. (1987). Ethnic Aging and the Life Course. In D. E. Gefland & C. M. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 18-34). New York: Springer Publishing Company, Inc.

Barron, M. (1953). Minority Group Characteristics of the Aged in American Society. *Journal of Gerontology, 8*, 477-482.

Bassett, D., & Schroffner, W. (1970). Coronary Heart Disease in Chinese Men in Hawaii. *Archives of Internal Medicine, 125*, 478-486.

Batalden, P. (1973). *Home Health in Chinatown* (DHEW Pub No HSA 73-6408). Rockville, MD: Health Services Administration, Bureau of Community Health Services.

Batts, V. A. (1989). *Modern Racism: New Melody for the Same Old Tunes* . Cambridge, MA: VISIONS, Inc.

Becker, G., Beyene, Y., Newsom, E., & Rodgers, D. (1998). Knowledge and Care of Chronic Illness in Three Ethnic Minority Groups. *Family Medicine, 30*(3), 173-8.

Beiser, M. (1988). Influences of Time, Ethnicity, and Attachment on Depression in Southeast Asian Refugees. *American Journal of Psychiatry, 145*, 46-51.

Bell, C. C. (1994). Race as a Variable in Research: Being Specific and Fair. *Hospital and Community Psychiatry, 45*(1), 5.

Bell, D., Kasschau, P., & Zellman, G. (1976). *Delivering Services to Elderly Members of Minority Groups: A Critical Review of the Literature.* Santa Monica, CA: Rand Corporation.

Belsky, J., A, K., & Syme, S. (1975). *Epidemiological Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Research Plan* . Hiroshima, Japan: Atomic Bomb Casualty Commission.

Benfante, R., Reed, D., & Brody, J. (1985). Biological and Social Predictors of Health in an Aging Cohort. *Journal of Chronic Disease, 38*(5), 385-395.

Benfante, R. J., Reed, D. M., MacLean, C. J., & Yano, K. (1989). Risk Factors in Middle Age that Predict Early and Late Onset of Coronary Heart Disease. *Journal of Clinical Epidemiology, 42*(2), 95-104.

Bengston, V. D., JJ; Smith, DH; & Ikeles, A. (1975). Modernization, Modernity, and Perceptions of Aging: A Cross-Cultural Study. *Journal of Gerontology, 30*, 688-695.

Bengtston, V. L. (1979). Ethnicity and Aging: Problems and Issues in Current Social Science Inquiry. In D. Gelfand & A. Kutzik (Eds.), *Ethnicity and Aging: Theory, Research, and Policy* (pp. 9-31). New York: Springer Publishing Company.

Bennett, C., Tokuyama, G., & Bruyere, R. (1963). Health of Japanese American in Hawaii. *Public Health Reports, 78*(9), 753-762.

Bennett, C., Tokuyama, G., & McBride, T. (1962). Cardiovascular Renal Mortality in Hawaii. *American Journal of Public Health, 52*, 1418-1431.

Benson, W. F. (1997). *OAA Nutrition Programs Silver Anniversary Awards* . Washington D.C.: Administration on Aging.

Bensoussan, A., Talley, N., Hing, M., Menzies, R., Guo, A., & Ngu, M. (1998). Treatment of

Irritable Bowel Syndrome with Chinese Herbal Medicine: A Randomized Controlled Trial. *Journal of the American Medical Association*, *280*(18), 1585-9.

Berlin, E. A., & Fowkes, W. C. (1983). A Teaching Framework for Cross-Cultural Health Care - Application in Family Practice. *Western Journal of Medicine*, *139*(December), 934-938.

Bernard, M., Lampley-Dallas, V., & Smith, L. (1997). Common Health Problems Among Minority Elders. *Journal of the American Dietetic Association*, *97*(7), 771-6.

Bernstein, L., Miu, A., Monroe, K., Henderson, B., & Ross, R. (1995). Cancer Incidence Among Filipinos in Los Angeles County, 1972-1991. *International Journal of Cancer, 63*(3), 345-8.

Berselli, B. (1998, May 5, 1998). American Whole Health Clinics Mix Conventional, Alternative Treatments. *Washington Post*, pp. D1,D5.

Bessent, T. (1958). An Aging Issei Anticipates Rejection. In G. Seward (Ed.), *Clinical Studies in Culture Conflict* (pp. 317-334). New York: The Ronald Press Co.

Biddle, F. M. (1991, 4/2/91). English Language Bill Called Racist: Critic Slams it as 'unwelcoming' to Immigrants of Color. *The Globe*.

Bindon, J., Knight, A., Dressler, W., & Crews, D. (1997). Social Context and Psychosocial Influences on Blood Pressure among American Samoans. *American Journal of Physical Anthropology*, *103*(1), 7-18.

Binstock, R. H., Grigsby, J., & Leavitt, T. D. (1984). *Policy Options for Targeting to Minorities Under Title III of the Older Americans Act* (Working Paper): (Policy Center on Aging, Heller School, Brandeis University).

Blackburn, J. A. (1992). Achieving a Multicultural Service Orientation: Adaptive Models of Service Delivery and Race and Culture Training. *CARING Magazine*, *11*(4), 22-27.

Blackwelder, W., Yano, K., Rhoads, G., Kagan, A., Gordon, T., & Palesch, Y. (1980). Alcohol and Mortality: The Honolulu Heart Study. *American Journal of Medicine*, *68*, 164-168.

Boston Globe. (1997, 30 March). A Raid on Legal Immigrants. *Globe*, pp. E6.

Boult, L., & Boult, C. (1995). Underuse of Physician Services by Older Asian-Americans. *Journal of the American Geriatrics Society*, *43*(4), 408-411.

Bourne, P. (1973). Suicide Among Chinese in San Francisco. *American Journal of Public Health*, *63*, 744-750.

Bouvier, L. F., & Agresta, A. J. (1985). The Fastest Growing Minority. *American Demographic*(May).

Bowden, M., Crawford, J., Cohen, H., & Noyama, O. (1993). A Comparative Study of Monoclonal Gammophathies and Immunoglobulin Levels in Japanese and United States Elderly. *Journal of the American Geriatrics Society*, *41*, 11-14.

Braun, K. (1998). Do Hawaii Residents Support Physician-Assisted Death? A Comparison of Five Ethnic Groups. *Hawaii Medical Journal, 57*(6), 529-34.

Braun, K., & Browne, C. (1998). Perceptions of Dementia, Caregiving, and Help Seeking Among Asian and Pacific Islander Americans. *Health Social Work*, *23*(4), 262-74.

Braun, K., & Kaku, J. (1987). *The Maluhia Day Hospital Program: A Five Year Report*. . Honolulu, HI: State of Hawaii, Department of Health.

Braun, K., Look, M., & Tsark, J. (1995a). High Mortality Rates in Native Hawaiians. *Hawaii Medical Journal*, *54*(9), 723-9.

Braun, K., Takamura, J. C., Forman, S. M., Sasaki, P. A., & Meininger, L. (1995b). Developing and Testing Outreach Materials on Alzheimer's Disease for Asian and Pacific Islander Americans. *The Gerontologist, 35*(1), 122-126.

Braun, K., Yang, H., Onaka, A., & Horiuchi, B. (1997). Asian and Pacific Islander Mortality Differences in Hawaii. *Social Biology*, *44*(3-4), 213-26.

Braun, K. L., Goto, L. S., & Lenzer, A. M. (1987). Patient Age and Satisfaction with Home Care. *Home Health Care Services Quarterly*, *8(2)*(Summer 1987), 79-96.

Braun, K. L., Horwitz, K. J., & Kaku, J. M. (1988). Successful Foster Caregivers of Geriatric Patients. *Health and Social Work*(Winter), 25-34.

Braun, K. L., & Rose, C. L. (1987a). Family Perceptions of Geriatric Foster Family and Nursing

Home Care. *Family Relations*(36), 321-327.

Braun, K. L., & Rose, C. L. (1987b). Geriatric Patient Outcomes and Costs in Three Settings: Nursing Home, Foster Family, and Own Home. *American Geriatrics Society, 35*(5), 387-397.

Braun, K. L., Yang, H., Onaka, A. T., & Horiuchi, B. Y. (1996). Life and Death in Hawaii: Ethnic Variations in Life Expectancy and Mortality, 1980 and 1990. *Hawaii Medical Journal, 55*, 278-302.

Brodie, M. (1995). *The Four Americas: Government and Social Policy Through the Eyes of America's Multi-Racial and Multi-Ethnic Society*. Washington DC: Washington Post, Kaiser Family Foundation, Harvard Survey Project.

Brown, D., James, G., & Nordloh, L. (1998). Comparison of Factors Affecting Daily Variation of Blood Pressure in Filipino-American and Caucasian Nurses in Hawaii. *American Journal of Physical Anthropology, 106*(3), 373-83.

Browne, C. (1995). Empowerment in Social Work Pracice with Older Women. *Social Work, 40*(3), 358-64.

Browne, C., & Broderick, A. (1994). Asian and Pacific Island Elders: Issues for Social Work Practice and Education. *Social Work, 39*, 252-259.

Browne, C., Fong, R., & Mokuau, N. (1994). The Mental Health of Asian and Pacific Islander Elders: Implications for Research and Mental Health Administration. *Journal of Mental Health Administration, 21*(1), 52-59.

Browne, C., & Onzuka-Anderson, R. (1981,). Hale Pulama Mau: Meeting the Needs of Hawaii's Elderly. *Aging, 319320*, 31-38.

Browne, C., & Onzuka-Anderson, R. (1985). *Our Aging Parents: A Practical Guide to Eldercare*. Honolulu: University of Hawaii Press.

Browne, C., Smith, M., Ewalt, P., & Walker, D. (1996). Advancing Social Work Practice in Health Care Settings: A Collaborative Partnership for Continuing Education. *Health Social Work, 21*(4), 267-76.

Brownwell, P. (1997). The Application of the Culturagram in Cross-Cultural Practices with Elder Abuse. *Journal of Elder Abuse & Neglect, 9*(2), 19-31.

Buchholz, M. (1984, April 1984). Special Help for Southeast Asian Refugees. *Food and Nutrition*, 4-6.

Buchwald, D., Lam, M., & Hooton, T. (1995). Prevalence of Intestinal Parasites and Association with Symptoms in Southeast Asian Refugees. *Journal of Clinical Pharmacy and Therapeutics, 20*(5), 271-5.

Buell, P. (1965). Nasopharynx cancer in Chinese of California. *British Journal of Cancer, 19*, 459-470.

Buell, P. (1974a). Changing Incidence of Breast Cancer in Japanese American Women. *Journal of the National Cancer Institute, 51*, 1479-1483.

Buell, P. (1974b). The Effect of Migration on the Risk of Nasopharyngeal Cancer among Chinese. *Cancer Research, 34*, 1189-1191.

Buell, P., & Dunn, J. (1965). Cancer Mortality Among Japanese Issei and Nisei of California. *Cancer, 18*, 656-664.

Bureau of the Census. (1993a). *1990 Census of Population* (CP-1-1; CP-3-5). Washington DC: U.S. Department of Commerce.

Bureau of the Census. (1993b, February). One in Four of Nation's Foreign Born Arrived Since 1985. *Census (Monthly News from the U.S. Bureau of the Census), 28*, 1,2.

Bureau of the Census. (1993c). *Profiles of America's Elderly* (3): Bureau of the Census & National Institute on Aging.

Burr, J. A., & Mutchler, J. E. (1993). Nativity, Acculturation, and Economic Status: Explanations of Asian American Living Arrangements Later in Life. *Journal of Gerontology, 48*(2), S55-S63.

Burton, L. M., Dilworth-Anderson, P., & Bengston, V. L. (1991). Creating Culturally Relevant Ways of Thinking About Diversity and Aging: Theoretical Challenges for the Twenty-first

Century. *Generations*, *15*(4), 67-72.

Calhoun, M. (1988). Providing Health Care to Vietnamese in America: What Practitioners Need to Know. *Home Health Care Nursing, 4*(5), 14-22.

California Cultural Competency Task Force. (1994). *Recommendations for the Medi-Cal Managed Care Program* : California Cultural Competency project, Institute for the Study of Social Change, University of California, Berkeley, CA.

California Department of Health Services. (1988). *Consumer Alert on Dangerous Imported Ethnic Medications* (press release # 76-88). Sacramento, CA.

Campbell, T., & Chang, B. (1973). Health Care of the Chinese in America. *Nursing Outlook*, 245-249.

Cantor, M. (1979). The Informal Support System of New York's Inner City Elderly: Is Ethnicity a Factor? In D. G. A. Kutzik (Ed.), *Ethnicity and aging: Theory, Research, and Policy* (pp. 153-174). New York: Springer Publishing Company.

Capitman, J., Hernandez, W., & Yee, D. (1991a). Diversity Assessments in Aging Services. *Generations, 15*(4), 73-76.

Capitman, J., Hernandez-Gallegos, G., Madzimoyo, W., & Yee, D. (1991b). *Diversity and the Aging Network: An Assessment Handbook*. Waltham, MA: Heller School, Brandeis University.

Capitman, J. A., Wethers, B., & Sadowsky, E. (1992). *Use of Formal Long Term Care Services: Evidence for the Roles of Race/Ethnicity, Gender, and Informal Care* (Prepared for the American Association of Retired Persons): Institute for Health Policy, Heller School, Brandeis University, Waltham, MA.

Carlisle, D. M., Leake, B. D., & Shapiro, M. F. (1995). Racial and Ethnic Differences in the Use of Invasive Cardiac Procedures among Cardiac Patients in Los Angeles County, 1986 through 1988. *American Journal of Public Health, 85*(3), 352356.

Carlisle, D. M., Leake, B. D., & Shapiro, M. F. (1997). Racial and Ethnic Disparities in the Use of Cardiovascular Procedures: Associations with Type of Health Insurance. *American Journal of Public Health, 87*(2), 236-267.

Carp, F., & Kataoka, E. (1976). Health Care Problems of the Elderly of San Francisco's Chinatown. *The Gerontologist, 16*(1 (part 2)), 30-38.

Carse, W., Kawakone, J., & Eichner, M. (1993). *Kohala Care Project*. Hilo, HI: Author.

Catanzaro, A., & Moser, R. J. (1982). Health Status of Refugees from Vietnam, Laos, and Cambodia. *Journal of the American Medical Association, 247*(9), 1303-1308.

Caudill, W., & Plath, D. (1966). Who Sleeps by Whom? Parent-Child Involvement in Urban Japanese Families. *Psychiatry*, *29*, 344-366.

Center for Intergenerational Learning. (1988, June 8, 1988). *Distant Branches ... Distant Roots, a National Symposium on Older Refugees in America. Summary Report*. Paper presented at the Distant Branches ... Distant Roots, a National Symposium on Older Refugees in America., Washington, D.C., June 1988.

Chae, M. (1987). Older Asians. *Journal of Gerontological Nursing, 13*(11), 10-17.

Chan, C., & Lee, J. (1990). A New Direction for Servicing Ethnic Elderly in Britain. *The Hong Kong Journal of Social Work*, *13*(1), 10-20.

Chan, D., Woo, J., Ho, S., Pang, C., Law, L., Ng, P., Hung, W., Kwok, T., Hui, E., Orr, K., Leung, M., & Kay, R. (1998). Genetic and Environmental Risk Factors for Parkinson's Disease in a Chinese Population. *Journal of Neurology and Neurosurgery Psychiatry*, *65*(5), 781-4.

Chan, F. (1988). To Be Old and Asian: An Unsettled Life in America. *Aging*(358), 14-15.

Chan, K. (1983). Coping with Aging and Managing Self Identity: The Social World of the Elderly Chinese Women. *Canadian Ethnic Studies, 15*(3), 35-50.

Chandler, A. (1949). The Traditional Chinese Attitude Towards Old Age. *Journal of Gerontology*, *4*, 239-244.

Chang, B. (1984). Attitudes Toward Aging in the United States and Taiwan. *Journal of Comparative Family-Studies,* *15*(10), 109-130.

Chang, J., & Moon, A. (1997). Korean American Elderly's Knowledge and Perceptions of Elder Abuse: A Qualitative Analysis of Cultural Factors. *Journal of Multicultural Social Work, 6*(1/2), 139-154.

Chee, P., & Kane, R. (1983). Cultural Factors Affecting Nursing Home Care for Minorities: A Study of Black American and Japanese-American Groups. *Journal of the American Geriatrics Society, 31*(2), 109-111.

Chen, A. (1969). Recent Trends of Death From Unnatural Causes (Accidents, Suicides, & Homicides) in Singapore, 1961-1965. *Singapore Medical Journal, 10*(2), 72-82.

Chen, C. H. C. (1998, February 19, 1998). *Reproductive Health Status and Issues for Asian Women in the State of Hawaii and the City of Seattle*. Paper presented at the Asian Americans and Pacific Islanders Healthy Community Now!, Seattle, WA.

Chen, D. S. (1991). Cultural Competence in the Care of Chinese Persons in New York City: A Symposium. *Price Institute Journal, 10*(4), 6-17.

Chen, M. J., Anderson, J., Moeschberger, M., Guthrie, R., Kuun, P., & Zaharlick, A. (1994). An Evaluation of Heart Health Education for Southeast Asians. *American Journal of Preventive Medicine, 10*(4), 205-8.

Chen, M. S. (1994). Status of Health Research in Asian/Pacific Islander American Populations. *Asian American and Pacific Islander Journal of Health, 2*(4), 303-308.

Chen, M. S., & Hawks, B. (1995). A Debunking of the Myth of Healthy Asian Americans and Pacific Islanders. *American Journal of Health Promotion, 9*(4), 261-268.

Chen, P. (1970). The Chinese Community in Los Angeles. *Social Casework, 51*, 591-598.

Chen, P. (1979). A Study of Chinese-American Elderly Residing in Hotel Rooms. *Social Casework, 60*(2), 89-95.

Chen, P. (1980). Continuing Satisfying Life Patterns Among Aging Minorities. *Journal of Gerontological Social Work, 2*(3), 199-211.

Chen, P.-N. (1973). Samoans in California. *Social Work, 18*(2), 41-48.

Chen, S., & Chen, J. (1964). Effects of Culture on the Success of Aging: A Preliminary Study Comparing the Productivity of Two Aging Groups of Chinese and American Men. *Boston Medical Quarterly, 15*(March), 14-22.

Cheng, E. (1978). *The Elder Chinese*. San Diego, CA: The Campanile Press, San Diego State University.

Cheng, T. (1973). Medicine in Modern China. *Journal of the American Geriatric Society, 21*, 289-313.

Cheng, T. H. (1971). Schistosomiasis in Mainland China: A Review of Research and Control Programs Since 1949. *American Journal of Tropical Medicine and Hygiene, 20*(1), 26-53.

Chen-Louie, T.-T. (1983). Nursing Care of Chinese-American Patients. In B. B. MS Orque, & LSA Monrroy (Ed.), *Ethnic Nursing Care: Multicultural Approach* (pp. 184-218). St. Louis, MO: CV Mosby.

Cherry, R., & Magnuson-Martinson, S. (1981). Modernization and the Status of the Aged in China: Decline or Equalization? *Sociological Quarterly, 22*, 253-261.

Chester, B., & Holtan, N. (1992). Cross-Cultural Medicine a Decade Later: Working With Refugee Survivors of Torture. *The Western Journal of Medicine, 157*(3), 301-304.

Cheung, F. K. (1991). The Use of Mental Health Services by Ethnic Minorities. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia (Eds.), *Ethnic Minority Perspectives on Clinical Training and Services in Psychology* (pp. 23-31). Washington, D.C.: American Psychological Association.

Cheung, L.-S., CHO, E., Lum, D., Tang, T., & Yau, H. (1980). The Chinese Elderly and Family Structure: Implications for Health Care. *Public Health Reports, 95*(5), 491-495.

Chi, I., Yip, P., Yu, G., & Halliday, P. (1998). A Study of Elderly Suicides in Hong Kong. *Crisis, 19*(1), 35-46.

Chia, B., & Tsoi, W. (1972). Suicide in Singapore. *Singapore Medical Journal, 13*, 91-97.

Chicago Department on Aging. (1996). *1996 Annual Report: Creating Options for Chicago's Older Population*. Chicago IL: City of Chicago.

Chin, S. (1991). Korean Birthday Rituals. *Journal of Cross-Cultural Gerontology, 6*(2), 145-152.

Chin, S.-Y. (1992). This, That, and the Other: Managing Illness in a First Generation Korean American Family. *The Western Journal of Medicine, 157*(3), 305-309.

Chinn, G., & Newcomb, L. (1973). *On the Feasibility of Training Asians to Work with Asian Elderly: A Preliminary Assessment of Needs and Resources Available to Asian Elderly in Seattle, Washington* . Seattle, WA: Training Project for the Asian Elderly.

Cho, P. (1990). *Family Care of the Asian American Elderly: Myth or Reality?. In Aging and Old Age in Diverse Populations.* Paper presented at the Minority Affairs Initiative Empowerment Conference.

Choi, E., McGandy, R., Dallal, G., Russell, R., & Jacob, R. (1990). The Prevalence of Cardiovascular Risk Factors Among Elderly Chinese Americans. *Archives of Internal Medicine, 150*(2), 413-418.

Choi, H. (1992). Cultural and Noncultural Factors as Determinants of Caregiver Burden for the Impaired Elderly in South Korea. *The Gerontologist, 33*(1), 8-15.

Choi, N. (1991). Racial Differences in the Determinants of Living Arrangements of Widowed and Divorced Elderly Women. *The Gerontologist, 31*, 496-504.

Chow, N. (1987). Caregving in Developing East and Southeast Asian Countries. *The Hong Kong Journal of Social Work, 21*(1), 1-8.

Chow, N. W.-S. (1983). The Chinese Family and Support of the Elderly in Hong Kong. *The Gerontologist, 23*(6), 584-588.

Choyou, P. H., Nomura, A. M. Y., & Stemmermann, G. N. (1992/1993). Cancer in the Elderly: A Prospective Study Among Hawaiian Japanese Men. *Asia Pacific Journal of Public Health, 6*(4), 195-199.

Chung, H., & Lu, F. (1996). Ethnocultural Factors in the Development of an Asian American Psychiatrist. *Cultural Diversity Mental Health, 2*(2), 99-106.

Chung, H., Tai, J., Lin, Y., Ch'iu, C., Chu, P., Ch'eng, S., Shen, T., & Chu, H. (1962). Diabetes Mellitus: A Clinical Analysis of 922 Cases. *Chinese Medical Journal, 81*, 511-525.

Chung, R., & Bemak, F. (1996). The Effects of Welfare Status on Psychological Distress among Southeast Asian Refugees. *Journal of Nervous Mental Disorders, 184*(6), 346-53.

Chung, R., & Kagawa-Singer, M. (1993). Predictors of Psychological Distress Among Southeast Asian Refugees. *Social Science Medicine, 36*(5), 631-9.

Churchill, L. (1920). The Samoan Family, *Samoa 'Uma Where Life is Different* (pp. 24-33). New York: Forest and Stream Publishing Company.

Clearinghouse, N. I. (1997). *SF Profile of Immigrants & Refugees: A Research Tool for Welfare Reform, Job Readiness, and Self-Sufficiency* . Oakland, CA: International Institute of the East Bay.

Coakley, R. (1988, 10/19/88). Quincy Struggles with Animosity Toward Asians. *The Boston Globe*, pp. 21.

Cohen, J., & Reed, D. (1985). The Type A Behavior Pattern and Coronary Heart Disease Among Japanese Men in Hawaii. *Journal of Behavioral Medicine, 8*, 343-352.

Collins, W., & Yee, D. L. (1972). *Health Assessment of Elderly Filipinos in the International District* . Seattle WA: Demonstration Project on Asian Americans, Seattle, WA.

Connor, J. (1974). Acculturation and Family Continuities in Three Generations of Japanese Americans. *Journal of Marriage and the Family, 36*, 159-165.

Cooper, R. A., & Stoflet, S. J. (1996). Trends in the Education and Practice of Alternative Medicine Clinicians. *Health Affairs, 15*(3), 226-238.

Cox, C. (1986). Physician Utilization by Three Groups of Ethnic Elderly. *Medical Care, 24*(8), 667-676.

Cox, C. (1987). Overcoming Access Problems in Ethnic Communities. In D. Gefland & C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 165-178). New York: Springer Publishing Company.

Cox, C., & Gelfand, D. (1987). Familial Assistance, Exchange and Satisfaction Among Hispanic, Portuguese, and Vietnamese Ethnic Elderly. *Journal of Cross-Cultural Gerontology, 2*,

241-255.

Cruz, I., & Hosten, A. (1991). End Stage Renal Disease in Minorities. *Journal of the National Medical Association, 83*(4), 309-312.

Curb, J., Reed, D., Miller, F., & Yano, K. (1990). Health Status and Life Style in Elderly Japanese Men with a Long Life Expectancy. *Journal of Gerontology: Social Sciences, 45*(5), S206-S211.

Curb, J., Reed, D., Yano, K., Kautz, J., & Albers, J. (1986). Plasma Lipids and Lipoproteins in Elderly Japanese American Men. *Journal of the American Geriatrics Society, 34*, 773-780.

Damron-Roderiguez, J. (1991). Commentary: Multicultural Aspects of Aging in the U.S.: Implications for Health and Human Services. *Journal of Cross-Cultural Gerontology, 6*(2), 135-143.

Davis, J., Ross, P., Vogel, J., & Wasnich, R. (1991). Age-Related Changes in Bone Mass Among Japanese American Men. *Bone and Mineral, 15*(3), 227-236.

Davis, J., Ross, P., & Wasnich, R. (1994). Evidence for Both Generalized and Regional Low Bone Mass Among Elderly Women. *Journal of Bone and Mineral Research, 9*, 305-309.

Deeley, P., Kaufman, E., Yen, M., Jue, A., & Brown, E. (1979). The Special Problems and Treatment of a Group of Elderly Chinese Opiate Addicts in New York City. *British Journal of Addiction, 74*, 403-409.

Dein, S. (1992). The Management of Illness by a Filipino Psyhic Surgeon: A Western Physician's Impression. *Social Science Medicine, 34*(4), 461-464.

Dejong, G., & Davis-Root, B. (1986). Family Reunification and Philippine Migration to the United States: The Immigrants' Perspective. *International Migration Review, 20*(3), 598-611.

Dickinson, L., MacMahon, B., Cole, P., & Brown, J. (1974). Estrogen Profiles of Oriental and Caucasian Women in Hawaii. *New England Journal of Medicine, 291*, 1211-1213.

Die, A. H., & Seelbach, W. C. (1988). Problems, Sources of Assistance, and Knowledge of Serving Elderly Vietnamese Immigrants. *The Gerontologist, 28*(4), 448-452.

DiPasquale-Davis, J., & Hopkins, S. (1997). Health Behaviors of an Elderly Filipino Group. *Public Health Nursing, 14*(2), 118-22.

Doi, M. (1991). A Transformation of Ritual: The Nisei 60th Birthday. *Journal of Cross-Cultural Gerontology, 6*(2), 153-164.

Doi, M. L. (1990). *Ethnicity, Ritual, and Aging Among Second Generation Japanese Americans.* Unpublished Ph.D. Dissertation, University of California, San Francisco.

Doll, R., Muir, C., & Waterhouse, J. (Eds.). (1970). *Cancer Incidence in Five Continents.* (Vol. 2). New York: Springer-Verlag.

Donahue, R., Abbot, R., Reed, D., & Yano, K. (1988). Physical Activity and Coronary Heart Disease in Middle-Aged and Elderly Men: The Honolulu Heart Program. *American Journal of Public Health, 78*, 683-685.

Donner, W. (1987). Compassion, Kinship and Fosterage: Contexts for the Care of the Childless Elderly in a Polynesian Community. *Journal of Cross-Cultural Gerontology, 2*, 43-59.

Donow, H. (1990). Two Approaches to the Care of an Elder Parent: A Study of Robert Anderson's *I Never Sang for My Father* and Sawako Ariyoshi's *Kokotsu no hito* [The Twilight Years]. *The Gerontologist, 30*(4), 486-490.

Douglas, K., & Fujimoto, D. (1995). Asian Pacific Elders: Implications for Health Care Providers. *Ethnogeriatrics, 11*(1), 69-82.

Dunn, A. (1995, April 16, 1995). For Elderly Immigrants, a Retirement Plan in U.S. *The New York Times*, pp. 1, and 25.

Dunn, J. J. (1975). Cancer Epidemiology in Populations of the United States: With Emphasis on Hawaii and California - and Japan. *Cancer Research, 35*(November), 3240-3245.

Durvasula, R., & Sue, S. (1996). Severity of Disturbance Among Asian American Outpatients. *Cultural Diversity in Mental Health, 2*(1), 43-51.

Eisenberg, D. M., Kessler, R. C., Foster, C., Norlock, F. E., Calkins, D. R., & Delbanco, T. L. (1993). Unconventional Medicine in the United States: Prevalence, Costs, and Patterns

of Use. *The New England Journal of Medicine, 328*(4), 246-252.

Eljera, B. (1997, 28 February). Battling the Bureaucracy. *ASIANWEEK*, pp. 12-13.

Elo, I. T. (1997). Adult Mortality Among Asian Americans and Pacific Islanders. In K. S. Markides & M. R. Miranda (Eds.), *Minorities, Aging, and Health* (pp. 41-78). Thousand Oaks: Sage Publication, Inc.

Escobar, J. I. (1987). Posttraumatic Stress Disorder and the Perennial Stress-Diathesis Controversy. *Journal of Nervous and Mental Disease, 175*(5), 265-266.

Espinoza, E., & Mann, M.-J. (1995). Arsenic and Mercury in Traditional Chinese Herbal Balls. *The New England Journal of Medicine, Sept. 21 1995*.

Executive Office of Aging. (1983). *A Statewide Needs Assessment Survey of Individuals Age 60 and Over* . Honolulu: Office of the Governor, State of Hawaii.

Executive Office on Aging. (1985). *A Comparison of Persons 65 and Older in the United States and Hawaii* . Honolulu, HI: Executive Office on Aging, State of Hawaii.

Fallon, J., & Wang, S. (1990). A clinicopathologic Comparison of Acute Mycocardial Infarction in the Elderly Chinese and American. *Chinese Medical Journal, 103*(2), 110-116.

Families USA Foundation. (1998). *Shortchanged: Billions Withheld from Medicare Beneficiaries* . Washington, D.C.: Families USA.

Fass, S. (1986). Innovations in the Struggle for Self-Reliance: The Hmong Experience in the United States. *International Migration Review, 20*(2), 351-380.

Federal Council on Aging. (1980). *Policy Issues Concerning the Elderly Minorities: A Staff Report, December 1979* (DHHS Pub No. ([OHDS] 80-20670)). Washington DC: US Government Printing Office.

Fein, E. (1997, Nov. 23 1997). Language Barriers are Hindering Health Care. *The New York Times*, pp. 1, 20.

Fenz, W., & Arkoff, A. (1962). Comparative Need Patterns of Five Ancestry Groups in Hawaii. *Journal of Social Psychology, 58*, 67-89.

Ferraro, K. F., & Su, Y.-p. (1999). Financial Strain, Social Relations, and Psychological Distress Among Older People: A Cross-Cultural Analysis. *Journals of Gerontology: Social Sciences, 54B*(1), S3-S15.

Finau, S., Prior, I., & Evans, J. (1982). Aging in the South Pacific: Physical Changes with Urbanization. *Social Science and Medicine,, 16*(17), 1539-1549.

Finau, S., Prior, I., & Salmond, C. (1986). Hypertension Among Urban and Rural Tongans. *Medical Journal of Australia, 144*(1), 16-20.

Fineman, N. (1991). The Social Construction on Noncompliance: Implications for Cross Cultural Geriatric Practice. *Journal of Cross-Cultural Gerontology, 6*(2), 219-228.

Flaskerud, J. H., & Nguyen, T. A. (1988). Mental Health Needs of Vietnamese Refugees. *Hospital and Community Psychiatry, 39*(4), 435-437.

Fong, R., & Mokuau, N. (1994). Not Simply "Asian Americans": Periodical Literature Review on Asians and Pacific Islanders. *Social Work, 39*(3), 298-305.

Fong, T. P. (1994). Economic and Ethnic Politics in Monterey Park. In F. Ng, J. Yung, S. S. Fugita, & E. H. Kim (Eds.), *New Visions in Asian American Studies: Diversity, Community, Power* (pp. 15-42). Pullman: Washington State University Press.

Francese, P. (1990, March 27, 1990). Aging America Needs Foreign Blood. *Wall Street Journal.*

Frey, W. H. (1995). Elderly Demographic Profiles of U.S. States: Impacts of "New Elderly Births," Migration, and Immigration. *The Gerontologist, 35*(6), 761-770.

Fry, P. (1980). Attributional Differences in the Life Satisfactions of the Elderly: A Cross-Cultural Comparison of Asian and United States Subjects. *International Journal of Psychology, 15*(3), 201-212.

Fujii, S. (1975). *An Exploratory-Descriptive Study of Sociocultural Barriers to Health Services Utilization for Elderly Japanese as Perceived by Middle Aged and Elderly Japanese American.* Unpublished Published doctoral dissertation., Brandeis University, Waltham, MA.

Fujii, S. (1976a). Elderly Asian Americans and Use of Public Services. *Social Casework, 57*(3),

202-207.

Fujii, S. (1976b). Older Asian Americans: Victims of Multiple Jeopardy. *Civil Rights Digest*(Fall), 22-29.

Fujii, S. (1978). Retirement as it Relates to the Pacific-Asian Elderly. In E. Stanford (Ed.), *Retirement: Concepts and Realities of Ethnic Minority Elders* . San Diego, CA: Campanile.

Fujii, S. (1980). *Elderly Pacific Island and Asian-American Women: A Framework for Understanding*. Paper presented at the Conference on the Educational and Occupational Needs of Asian-Pacific-American Women, Washington DC.

Fujimoto, W., Leonetti, D., Bergstrom, R., Shuman, W., & Wahl, P. (1990). Cigarrette Smoking, Adiposity, Non-Insulin-Dependent Diabetes, and Coronary Heart Disease in Japanese-American Men. *American Journal of Medicine, 89*(6), 761-771.

Furnham, A., & Forey, J. (1994). The Attitudes, Behaviors and Beliefs of Patients of Conventional vs. Complementary (Alternative) Medicine. *Journal of Clinical Psychology, 50*(3), 458-469.

Galanis, D., McGarvey, S., Sobal, J., Bausserman, L., & Levinson, P. (1995). Relations of Body Fat and Fat Distribution to the Serum Lipid Apolipoprotein and Insulin Concentrations of Samoan Men and Women. *International Journal of Obesity and Related Metabolic Disorders, 19*(10), 731-8.

Gardner, R. (1980). Ethnic Differentials in Mortality in Hawaii, 1920-1970. *Hawaii Medical Journal, 39*(3), 221-226.

Gardner, R., Robey, B., & Smith, P. (1985). Asian Americans: Growth, Change, and Diversity. *Population Bulletin, 40*, 1-43.

Gardner, R. W. (1984). *Life Tables by Ethnic Group for Hawaii, 1980* (Research and Statistics Report 47). Honolulu: Hawaii State Department of Health.

Garn, S., Pao, E., & Rihl, M. (1964). Compact Bone in Chinese and Japanese. *Science, 143*(March 27), 1439-1440.

Gaw, A. C. (1975). An Integrated Approach in the Delivery of Health Care to a Chinese Community in America: The Boston Experience. In A. Kleinman, P. Kunstadter, E. R. Alexander, & J. L. Gale (Eds.), *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies* (pp. 327-349). Washington DC: DHEW, Public Health Service, NIH.

Gee, E. (1976). Issei Women. In E. Gee (Ed.), *Counterpoint: Perspectives on Asian America* . Los Angeles, CA: Asian American Studies Center, University of California at Los Angeles.

Geiger, H. J. (1996). Editorial: Race and Health Care -- An American Dilemma? *New England Journal of Medicine, 335*(11), 815-6.

Gelfand, D. (1982). *Aging: The Ethnic Factor*. Boston, MA: Little.

Gelfand, D. (1994). *Aging and Ethnicity: Knowledge and Services*. New York, NY: Springer Publishing Company.

Gelfand, D., & Yee, B. W. K. (1991). Trends & Forces: Influence of Immigration, Migration, and Acculturation on the Fabric of Aging in America. *Generations*(Fall/Winter), 7-10.

General Accounting Office. (1990). *Older Americans Act: Administration on Aging Does Not Approve Intrastate Funding Formulas* (Report to Congressional Requesters GAO/HRD-90-85). Washington DC: United States General Accounting Office.

Gibson, M. (1980). Family Support for the Elderly in International Perspective: Part I. *Aging International, 7*(3), 12-17.

Gifford, C. (1996, 2/31/96). Lessons in Diversity. *The Boston Globe*, pp. A15.

Gilman, S. C., Justice, J., Saepharn, K., & Charles, G. (1992). Use of Traditional and Modern Health Services by Laotian Refugees. *The Western Journal of Medicine, 157*(3), 310-315.

Gladney, D. C. (1995). *China's Ethnic Reawakening* (Asian Pacific Issues 18). Honolulu, HI: East-West Center.

Gold, S. J. (1992). Mental Health and Illness in Vietnamese Refugees. *The Western Journal of*

Medicine, 157(3), 290-294.

Goldsmith, S. (1984). Hospitals and the Elderly in Japan. *Pacific Affairs, 57*, 74-77.

Goldstein, M. B., CM. (1981). Modernization and Aging in the Third and Fourth World: Views From the Rural Hinterland in Nepal. *Human Organization, 40*(1), 48-55.

Goodman, M. B., R; & Moore, J. (1988). The Distribution of Estradiol in the Sera of Normal Caucasian, Chinese, Filipina, Hawaiian and Japanese Women Living in Hawaii. *European Journal of Clinical Oncology, 24*(12), 1855-1860.

Goodman, M. J. (1984). Recalled Characteristics of Menstruation in Relation to Reproductive History Among Caucasian, Japanese and Chinese Women Living in Hawaii. *Annals of Human Biology, 11*(3), 235-242.

Gordon, T. (1957). Mortality Experience Among the Japanese in the United States, Hawaii, and Japan. *Public Health Report, 72*(6), 543-553.

Gordon, T. (1967). Further Mortality Experience Among Japanese Americans. *Public Health Report, 82*(11), 973-984.

Gordon, T., Garcia-Palmieri, M., Kagan, A., & al, e. (1974). Differences in Coronary Heart Disease in Framingham, Honolulu, and Puerto Rico. *Journal of Chronic Disease, 27*, 329-344.

Gornick, M. E., Eggers, P. W., Reilly, T. W., Mentnech, R. M., Fitterman, L. K., Kucken, L. E., & Vladeck, B. C. (1996). Effects of Race and Income on Mortality and Use of Services Among Medicare Beneficiaries. *The New England Journal of Medicine, 335*(11), 791-799.

Gostin, L. O. (1995). Editorial: Informed Consent, Cultural Sensitivity, and Respect for Persons. *Journal of the American Medical Association, 274*(10), 844-845.

Goto, L., & Braun, K. (1986). Hawaii's Nursing Home Without Walls. *Continuing Care Coordinator, 5*, 14-16.

Gould, K. (1988). Asian and Pacific Islanders: Myth and Reality. *Social Work, 33*((March-April)), 142-147.

Gozdiak, E. (1990). What Providers Need to Know to Serve Older Refugees. *The Aging Connection, 7*(10).

Grant, J., & Yuan, I. (1932). A Note of the Forces of Mortality and their Classification in Peiping. *Chinese Medical Journal, 46*, 1187-1189.

Graves, A., Larson, E., Edland, S., Bowen, J., McCormick, W., McCurry, S., Rice, M., Wenzlow, A., & Uomoto, J. (1996). Prevalence of Dementia and its Subtypes in the Japanese American Population of King County, Washington State. The Kame Project. *American Journal of Epidemiology, 144*(8), 760-1.

Gray, M. A. (1996). Herbs: Multicultural Folk Medicines. *Orthopedic Nursing, 15*(2), 49-56.

Greenlick, M. (1992). Education Physicians for Population-Based Clinical Practice. *Journal of the American Medical Association, 267*(12), 1645-1648.

Griffiths, S. (1986). Coping With Old Age in a Philippine Emigrant Community. *Journal of Cross-Cultural Gerontology, 1*, 177-189.

Grinspoon, L., & Dunn, J. (1959). A Study of the Frequency of Achlorhydria Among Japanese in Los Angeles. *Journal of the National Cancer Institute, 22*, 617-631.

Gui, S., Li, L., Shen, Z., Gu, Q., Chen, Y., & Qian, F. (1987). Status and Needs of the Elderly in Urban Shanghai: Analysis of Some Preliminary Statistics. *Journal of Cross-Cultural Gerontology, 2*(2), 171-186.

Guillermo, T. (1994). Are Asian/Pacific Islander Americans Underrepresented in Health Research? *Asian American and Pacific Islander Journal of Health, 2*(4), 299-302.

Guo, W., Li, J.-Y., King, H., & Locke, F. (1992/1993). Diet and Blood Nutrient Correlations with Ischemic Heart, Hypertensive Heart, and Stroke Mortality in China. *Asian-Pacific Journal of Public Health, 6*(4), 200-205.

Haenszel, W., Berg, J., Segi, M., Kurihara, M., & Loeke, F. (1973). Large Bowel Cancer in Hawaiian Japanese. *Journal of the National Cancer Institute, 51*, 1765-1779.

Haenszel, W., Kurihara, M., Segi, M., & Lee, K. (1972). Stomach Cancer Among Japanese in Hawaii. *Journal of the National Cancer Institute, 49*, 969-988.

Haffner, L. (1992). Translation is Not Enough: Interpreting in a Medical Setting. *The Western Journal of Medicine, 157*(3), 255-259.

Hagestad, G. O. (1988). Demographic Change and the Life Course: Some Emerging Trends in the Family Realm. *Family Relations, 37*(October), 405-410.

Hanh, R., Teutsch, S., Franks, A., Chang, M., & Lloyd, E. (1998). The Prevalence of Risk Factors Among Women in the United States by Race and Age, 1992-1994: Opportunities for Primary and Secondary Prevention. *Journal of American Medical Womens Association, 53*(2), 96-104, 107.

Hanna, J. (1998). Migration and Acculturation Among Samoans: Some Sources of Stress and Support. *Social Science Medicine, 46*(10), 1325-36.

Harder & Kibbe Research and Consulting. (1989). *A Profile of the Older Population of Santa Clara County*. San Jose, CA: Council on Aging of Santa Clara County, Inc., City of San Jose, Municipal Health Services Program.

Harder & Kibbee Asscs. (1997). *Coming of Age in the Bay Area: A Demographic Profile of the Older Population*. San Francisco: Area Agencies on Aging in the SF Bay Area.

Harder & Kibbee Asscs. (1999). *Coming of Age in San Francisco: A Demographic Profile of the Older Population*. San Francisco: San Francisco Commission on Aging.

Harper, M. S. (Ed.). (1990). *Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions*. (Vol. HRS (P-DV-90-4)). Washington, D.C.: Health Resources and Services Administration, Department of Health and Human Services. Government Printing Office.

Hasler, B. (1990). *Reporting of Minority Participation Under Title III of the Older Americans Act*. Washington, DC: American Association of Retired Persons.

Hayashida, C., Izutsu, S., & Burgo. (1988). Kuakini Health System Multi-Level Care. *Provider, 14*(2).

Hayashida, C., Sherman, S., & Sasaki, H. (1987). *Adult Day Centers in Hawaii: A Comprehensive Assessment for Strategic Planning for the 1990's*. Honolulu, HI: Kuakini Geriatric Care, Inc.

Hayes, C. (1987). Two Worlds in Conflict: The Elderly Hmong in the United States. In D. Gefland & C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 79-95). New York: Springer Publishing Company.

Heckler, M. M. (1985). *Report of the Secretary's Task Force on Black and Minority Aging* (Volume II Crosscutting Issues in Minority Health): US Department of Health and Human Services.

Heilbrun, L., Hankin, J., & Nomura, A. (1986a). Colon Cancer and Dietary Fat, Phosphorus, and Calcium in Hawaiian-Japanese Men. *The American Journal of Clinical Nutrition, 43*, 306-309.

Heilbrun, L., Kagan, A., Nomura, A., & Wasnich, R. (1985). The Origins of Epidemiologic Studies of Heart Disease, Cancer and Osteoporosis Among Hawaii Japanese. *Hawaii Medical Journal, 44*, 294-296.

Heilbrun, L., Nomura, A., & Steimmerman, G. (1986b). Black Tea Consumption and Cancer Risk: A Prospective Study. *British Journal of Cancer, 54*, 677-683.

Hendricks, J. H., CD. (1977). Minority Groups in the Later Years. In J. H. C. Hendricks (Ed.), *Aging in Mass Society* (pp. 349-382). Cambridge, MA: Winthrop Publishers, Inc.

Henkin, N., Weinstein-Shr, G., & Gozdziak, E. (1988). *"New Branches...Distant Roots" A National Symposium on Older Refugees in America*. Washington DC: The Center for Intergenerational Learning, Temple University Institute on Aging and Refugee Policy.

Hernandez, W., Capitman, J., & Yee, D. (1991). *Cultural Diversity and the Aging Network Work Force*. Waltham, MA: National Aging Resource Center, Long-term Care, Bigel Health Policy Institute. Heller School, Brandeis University.

Hernandez-Gallegos, W., Capitman, J. A., & Yee, D. L. (1992). A Conceptual Approach to Understanding Service Use by Elders of Color. In C. M. Barresi & D. E. Stull (Eds.), *Ethnicity and Long Term Care* (pp. 365). New York, NY.: Springer Publishing Co.

Higham, J. (1984). *Send These to Me.* Baltimore, MD: The Johns Hopkins Press Ltd.

Himes, C. L., Hogan, D. P., & Eggebeen, D. J. (1996). Living arrangements of minority elders. *Journal of Gerontology: Social Sciences, 51B*(1), S42-S48.

Ho, M. (1976). Social Work with Asian Americans. *Social Casework, 57*(3), 195-201.

Ho, S. C., & Sham, A. (1994). Risk Factor Change in Older Persons, a Perspective from Hong Kong: Weight Change and Mortality. *Journals of Gerontology-Medicine, 49*(6), M269-M272.

Hoang, G. N., & Erickson, R. V. (1982). Guidelines for Providing Medical Care to Southeast Asian Refugees. *Journal of the American Medical Association, 248*(6), 710-714.

Holmes, D., Holmes, M., Steinbach, L., Hausner, T., & Rocheleau, B. (1979). The Use of Community-Based Services in Long-Term Care by Older Minority Persons. *The Gerontologist, 19*(4), 389-397.

Holmes, E., & Holmes, L. (1987). Western Polynesia's First Home for the Aged: Are Concept and Culture Compatible? *Journal of Cross-Cultural Gerontology,, 2*, 359-375.

Holmes, L. (1972). The Role and Status of the Aged in a Changing Samoa. In D. Cowgill & L. Holmes (Eds.), *Aging and Modernization* (pp. 73-132). New York: Appleton-Century-Crofts.

Holmes, L. (1974). *Samoan Village.* New York: Holt, Rinehart, and Winston, Inc.

Holmes, L. R., EC. (1983). Aging and Change in Samoa. In J. Sokolovsky (Ed.), *Growing Old in Different Societies* (pp. 119-129). Belmont, CA: Wadsworth.

Holzberg, C. (1982). Ethnicity and Aging: Anthropological Perspectives on More Than Just the Minority Elderly. *The Gerontologist, 22*(4), 249-257.

Hong, S.-H. M., & Keith, P. M. (1992). The Status of the Aged in Korea: Are the Modern More Advantaged? *Gerontologist, 32*(2), 197-202.

Hopper, S. V. (1993). The Influence of Ethnicity on the Health of Older Women. *Clinics in Geriatric Medicine, 9*(1), 231-259.

House Subcommittee on Human Resources of the Committee on Education and Labor. (1988). *Improving Minority Participation in Older Americans Act Programs* (Subcommittee Hearing Serial No. 100-89). Washington DC: House of Representatives.

Hsu, F. L. K. (1971). Filial Piety in Japan and China: Borrowing, Variation and Significance. *Journal of Comparative Family Studies*(Spring), 67-74.

Hsu, L., & Folstein, M. (1997). Somatoform Disorders in Caucasian and Chinese Americans. *Journal of Mental Disorders, 185*(6), 382-7.

Hu, T., Snowden, L. R., Jerrell, J., & Nguyen, T. D. (1991). Ethnic Populations in Public Mental Health: Services Choice and Level Use. *American Journal of Public Health, 81*(11), 1429-1434.

Huang, D., & Charter, R. (1996). The Origin and Formulation of Chinese Character: An Introduction to Confucianism and its Influence on Chinese Behavior Patterns. *Cultural Diversity in Mental Health, 2*(1), 35-42.

Hurh, W., & Kim, K. (1990). Correlates of Korean Immigrants' Mental Health. *Journal of Mental Disorders, 178*(11), 703-11.

Hwang, S., Tong, M., Lai, P., Ko, E., Co, R., Chien, D., & Kuo, G. (1996). Evaluation of Hepatitis B and C Viral Markers: Clinical Significance in Asian and Caucasian Patients With Hepatocellular Carcinoma in the United States of America. *Journal of Gastroenterology Hepatology, 11*(10), 949-54.

Iga, M. (1957). The Japanese Social Structure and the Source of Mental Strains of Japanese Immigrants in the United States. *Social Forces, 35*, 271-278.

Ikegami, N., Fries, B. E., Takagi, Y., Ikeda, S., & Ibe, T. (1994). Applying RUG-III in Japanese Long Term Care Facilities. *The Gerontologist, 34*(5), 628-639.

Ikels, C. (1980). The Coming of Age in Chinese Society: Traditional Patterns and Contemporary Hong Kong. In C. Fry (Ed.), *Aging in Culture and Society* (pp. 80-100). New York: J.F. Bergin Publishers, Inc.

Ikels, C. (1986). Older Immigrants and Natural Helpers. *Journal of Cross Cultural Gerontology, 1*,

209-222.

Ikels, C. (1998). The Experience of Dementia in China. *Cultural Medicine and Psychiatry, 22*(3), 257-83.

Imamura, K. (1994). Japan's Current Experiment in Care of the Elderly. *Journal of Long-Term Home Health Care, 13*(4), 33-42.

Immigration Committee. (1997). *Final Report to the Welfare Reform Task Force* (Report). San Francisco, CA: Department of Human Services, San Francisco County.

Ishii-Kuntz, M. (1997). Intergenerational Relationships Among Chinese, Japanese, and Korean Americans. *Family Relations*, *46*(1), 23-32.

Ishikawa, W. (1978a). *The Elder Guamanian*. San Diego: Center on Aging, San Diego State University.

Ishikawa, W. (1978b). *The Elder Samoan*. San Diego: Center on Aging, San Diego State University.

Ito, A. (1975). The Japanese Elderly. In E. Stanford (Ed.), *Minority Aging: 2nd Institute Proceedings* (Vol. 2,). San Diego: San Diego State University Center on Aging.

Iwai, K., Sekiguti, M., Hosoda, Y., DeRemee, R., Tazelaar, H., Sharma, O., Maheshwari, A., & Noguchi, T. (1994). Racial Difference in Cardiac Sarcoidosis Incidence Observed at Autopsy. *Sarcoidosis, 11*(1), 26-31.

Izhar, N. (1990). Patient Origins and Usage of a Unani Clinic in Aligarh Town, India. *Social Science Medicine, 30*(10), 1139-1141.

Izutsu, S., Hayashida, C. T., & Burgo, T. (1988, February 1988). Kuakini Health System Multilevel Care. *Provider*, 4-6.

Jamerson, K., & DeQuattro, V. (1996). The Impact of Ethnicity on Response to Antihypertensive Therapy. *The American Journal of Medicine, 101*(suppl 3A), 3A-22S - 3A-32S.

Jenkins, C. N. H., Le, T., McPhee, S. J., Stewart, S., & Ha, N. H. (1996). Health Care Access and Preventive Care Among Vietnamese Immigrants: Do Traditional Beliefs and Practices Pose Barriers? *Social Science Medicine, 43*(7), 1049-1056.

Jensen, G., & Polloi, A. (1988). The Very Old of Palau: Health and Mental State. *Age and Aging, 17*(4), 220-226.

Jensen, G. P., AH. (1984). Health and Life-Style of Longevous Palauans: Implications for Developmental Theory. *International Journal of Aging and Human Development, 19*(4), 271-285.

Jones, P. S. (1995). Paying Respect: Care of Elderly Parents By Chinese and Filipino American Women. *Health Care for Women International, 16*, 385-398.

Jones, P. S. (1996). Asian American Women Caring for Elderly Parents. *Journal of Family Nursing, 2*(1), 56-75.

Kagan, A., Harris, B., Winkelstein jr, W., Johnson, K. G., Kato, H., Syme, S. L., Rhoads, G. G., Gay, M. L., Nichaman, M. Z., Hamilton, H. B., & Tillotson, J. (1974). Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Demographic, Physical, Dietary, and Biochemical Characteristics. *Journal of Chronic Disease, 27*, 345-364.

Kagan, A., Yano, K., Rhoads, G., & McGee, D. (1981). Alcohol and Cardiovascular Disease: The Hawaiian Experience. *Circulation, 64*(supplemental 111), 111-27 -111-31.

Kagawa-Singer, M. (1994, January 27 to 29, 1994). *Today's Reality: Research Issues in Underserved Populations*. Paper presented at the American Cancer Society Third National Conference on Cancer Nursing Research, Newport Beach, CA.

Kagawa-Singer, M. (1995). Socioeconomic and Cultural Influences on Cancer Care of Women. *Seminars in Oncology Nursing*, *11*(2), 109-119.

Kagawa-Singer, M. (1998). The Cultural Context of Death Rituals and Mourning Practices. *Oncology Nursing Forum*, *25*(10), 1752-6.

Kagawa-Singer, M., & Chung, R. C. (1994). A Paradigm for Culturally Based Care in Ethnic Minority Populations. *Journal of Community Psychology, 22*(April), 192-208.

Kagawa-Singer, M., Hikoyeda, N., & Tanjasiri, S. P. (1997a). Aging, Chronic Conditions, and

Physical Disabilities in Asian and Pacific Islander Americans. In K. S. Markides & M. R. Miranda (Eds.), *Minorities, Aging, and Health* (pp. 149-180). Thousand Oaks: Sage Publication Inc.

Kagawa-Singer, M., & Maxwell, A. (1998). Breast Cancer Screening in Asian and Pacific Islander American Women. In D. Weiner (Ed.), *Preventing and Controlling Cancer in North America: The United States and Mexico* (pp. 1-36): Greenwood Publishers.

Kagawa-Singer, M., Wellisch, D., & Durvasula, R. (1997b). Impact of Breast Cancer on Asian American and Anglo American Women. *Cultural Medicine and Psychiatry, 21*(4), 449-80.

Kalish, R., & Moriwaki, S. (1973). The World of the Elderly Asian American. *Journal of Social Issues, 29*, 187-209.

Kalish, R., & Reynolds, D. (1976). Japanese Americans, *Death and Ethnicity: A Psychocultural Study* (pp. 120-154). Los Angeles: Ethel Percy Andrus Gerontology Center (USC).

Kalish, R., & Yuen, S. (1971). Americans of East Asian Ancestry: Aging and the Aged. *The Gerontologist, 11*(2), 36-47.

Kamo, Y. Z. M. (1994). Living Arrangements of Elderly Chinese and Japanese in the United States. *Journal of Marriage and the Family, 56*(3), 544-558.

Kan, S. S., TT. (1985). Estimating the Number of Issei for a Planned National Probability Survey on the Mental Health Effects of the Wartime Relocation and Internment. *Pacific Asian American Mental Health Research Center Research Review,, 4*(1/2), 1-5.

Kaplan, M. (1993). Recruiting Senior Adult Volunteers for Intergenerational Programs: Working to Create a "Jump on the Bandwagon" Effect. *Journal of Applied Gerontology, 12*(1), 71-82.

Kaptchuk, T. J. (1983). *The Web That Has No Weaver: Understanding Chinese Medicine*. Chicago, IL: Congdon & Weed, Inc.

Kato, H., Tillotson, J., Nichaman, M., Rhoads, G. C., & Hamilton, H. B. (1973). Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Serum Lipids and Diet. *American Journal of Epidemiology, 97*(6), 372-385.

Kelly, A., Fores Chacori, M., Wooan, P., Trapp, M., Weaver, A., Barrier, P., Franz, W. r., & Kottke, T. (1996). A Program to Increase Breast and Cervical Cancer Screening for Cambodian Women in a Midwestern Community. *Mayo Clinic Proceedings, 71*(5), 437-44.

Kent, D. (1971). The Elderly in Minority Groups: Variant Patterns of Aging. *The Gerontologist, 11*(part 2), 2629.

Kibria, N. (1990). Power, Patriarchy, and Gender Conflict in the Vietnamese Immigrant Community. *Gender & Society, 4*(1), 9-24.

Kiefer, C. (1971). Notes on Anthropology and the Minority Elderly. *The Gerontologist, 11*(part 2), 94-98.

Kiefer, C. (1974a). The Cultural Process: Issei, Nissei, Sansei, *Changing Cultures, Changing Lives* (First ed., pp. 95-259). San Francisco: Jossey-Bass Publishers.

Kiefer, C. (1974b). Lessons from the Issei. In J. Gubrium (Ed.), *Laterlife: Communities and Environmental Policies*. (pp. 167-197). Springfield, IL: Charles C Thomas.

Kiefer, C., Kim, S., Cho, K., Kim, B.-L., Shon, S., & Kim, T. (1987). Adjustment Problems of Korean American Elderly. *Pacific Asian American Mental Health Research Center Research Review, 6*(1/2), 8-10.

Kim, H., & Shwartz-Barcott, D. (1983). Social Network and Adjustment Process of Korean Elderly Women in America; Some Unexpected Findings. *Pacific Asian American Mental Health Research Center Research Review, 2*(3), 1-2.

Kim, J. H., Moon, A., & Shin, H. S. (1997). Elderly Korean American Women Living in Two Cultures. In Y. I. Song & A. Moon (Eds.), *Korean American Women Living in Two Cultures* (pp. 191-204). Los Angeles: Academia Koreana.

Kim, K., Yu, E., Chen, E., Kim, J., & Brintnall, R. (1998). Colorectal Cancer Screening. Knowledge and Practices Among Korean Americans. *Cancer Practices, 6*(3), 167-75.

Kim, K. K., MB; Twork, R; Grier, MR. (1984). Dietary Calcium Intakes of Elderly Korean Women.

Journal of the American Dietetic Association, 84(2), 164-169.

Kim, M. (1995). Cultural Influences on Depression in Korean Americans. *Journal of Psychosocial Nursing Mental Health Service, 33*(2), 8-13.

Kim, O. (1997). Loneliness: A Predictor of Health Perceptions Among Older Korean Immigrants. *Psychological Reports, 81*(2), 591-4.

Kim, P. (1983). Demography of the Asian Pacific Elderly: Selected Problems and Implications. In R. L. McNeely & J. L. Cohen (Eds.), *Aging Minority Groups* (pp. 29-41). Beverly Hills: Sage.

Kim, P. (1990). Asian Families and the Elderly. In M. Harper (Ed.), *Minority aging: Essential Curricula Content for Selected Health and Allied Health Professions,* (Health Resources and Services Administration, Department of Health and Human Services, DHHS Publication No HRS (P-DV-90-4) ed., pp. 349-363). Washington, DC: US Government Printing Office.

Kim, P., & Kim, J.-S. (1989). Curriculum Development for Social Work with Asian-American Elderly. *Gerontology & Geriatrics Education, 10*(2), 89-98.

Kim, P. K., & Kim, J. S. (1992). Korean Elderly: Policy, Program, and Practice Implications. In S. M. Furuto, R. Biswas, D. K. Chung, K. Murase, & F. Ross-Sheriff (Eds.), *Social Work Practice With Asian Americans* (pp. 227-239). Newbury Park: Sage Publications.

Kim, Y., & Grant, D. (1997). Immigration Patterns, Social Support, and Adaptation Among Korean Immigrant Women and Korean American Women. *Cultural Diversity in Mental Health, 3*(4), 235-45.

Kimminau, K., & Yoshinobu, B. (1997). Pharmacist Counseling of Older People. *Journal of the American Geriatrics Society, 44*(3), 335-336.

King, H. (1975). Selected Epidemiologic Aspects of Major Diseases and Causes of Death Among Chinese in the United States and Asia. In A. Kleinman, P. Kunstadter, E. R. Alexander, & J. L. Gale (Eds.), *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies* (Vol. 75-653, pp. 487-550). Washington DC: DHEW Public Health Service, National Institutes of Health.

King, H., & Haenszel, W. (1973). Cancer Mortality Among Foreign- and Native-Born Chinese in the United States. *Journal of Chronic Diseases, 26*, 623-646.

King, R. D. (1997). Should English be the law? *The Atlantic Monthly, 279*(4), 55-58,60-61,64.

Kitano, H. (1990). Values, Beliefs, and Practices of the Asian-American Elderly: Implications for Geriatric Education. In M. Harper (Ed.), *Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions* (Health Resources and Services Administration, Department of Health and Human Services, DHHS Publication No HRS (P-DV-90-4), ed., pp. 341-348). Washington, DC: US Government Printing Office.

Kitano, H. H. L., Shibusawa, T., & Kitano, K. J. (1997). Asian American Elderly Mental Health. In K. S. Markides & M. R. Miranda (Eds.), *Minorities, Aging, and Health* (pp. 295-315). Thousand Oaks, CA: Sage Publication Inc.

Klatsky, A., Tekawa, I., & Armstrong, M. (1996). Cardiovascular Risk Factors among Asian Americans. *Public Health Report, 111*(Suppl 2), 62-4.

Kleinman, A. K., J. (1985). Somatization: The Interconnections in Chinese Society among Culture, Depressive Experiences, and the Meanings of Pain, *Culture and Depression* (pp. 429-190). Berkeley: University of California Press.

Klessig, J. (1992). The Effect of Values and Culture on Life-Support Decisions. *The Western Journal of Medicine, 157*(3), 316-322.

Klineberg, S. (1996). *Houston's Ethnic Communities* (3rd edition). Houston: Rice University.

Ko, C., & Cohen, H. (1998). Intraethnic Comparison of Eating Attitudes in Native Koreans and Korean Americans Using Korean Translation of the Eating Attitudes Test. *Journal of Nervous Mental Disorders, 186*(10), 631-6.

Kobata, F. (1979). The Influence of Culture on Family Relations: The Asian American Experience. In P. Ragan (Ed.), *Aging Parents* (pp. 94-106). Los Angeles, CA: University of Southern California Press.

Kobata, F., Lockery, S., & Moriwaki, S. (1980). Minority Issues in Mental Health and Aging. In J. Birren & R. Sloane (Eds.), *Handbook of Mental Health and Aging* (pp. 448-467). Eagle Cliffs, NJ: Prentice-Hall Inc.

Koh, J. Y., & Bell, W. G. (1987). Korean Elders in the United States: Intergenerational Relations and Living Arrangements. *Gerontologist, 27*(1), 66-71.

Koike, G., Yokono, O., Iino, S., Adachi, M., Yamamoto, T., Puloka, T., & Suzuki, M. (1984). Medical and Nutritional Surveys in the Kingdom of Tonga; Comparison of Physiological and Nutritional Status of Adult Tongans in Urbanized (Kolofo-ou) and Rural (Uiha) Areas. *Journal of Nutritional Science and Vitaminology, 30*(4), 341-56.

Kolonel, L. (1980). Cancer Patterns of Four Ethnic Groups in Hawaii. *Journal of National Cancer Institute, 65*(5), 27-39.

Komaromy, M., Grumbach, K., Drake, M., Vranizan, K., Lurie, N., Keane, D., & Bindman, A. B. (1996). The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations. *New England Journal of Medicine, 334*(20), 1305-1310.

Kong, D. (1992, 1/20/92). US to Probe Bias Charges at Welfare Department. *The Boston Globe*, pp. 15, 17.

Koseki, L., & Reid, S. (1991). Elderly Self Care Education: A Low Technology Primary Health Care Option for Developing Countries. *Asia Pacific Journal of Public Health, 5*(4), 322-330.

Koseki, L., & Reid, S. (1995). Health Status, Life Satisfaction and Health Practices: A Study of Pacific Asian and Native Hawaiian Elderly Cohorts. *Asia Pacific Journal of Public Health, 8*(2), 95-101.

Koseki, L. R., SE. (1993). Adopting a Self-Care Curriculum for Pacific Asian Elderly in Hawaii. *American Journal of Health Promotion, 7*(4), 257-259.

Kotchek, L. (1980). "Of Course, We Respect Our Old People, But..." Aging Among Samoan Migrants. *California Sociologist, 3*(2), 197-212.

Koyama. (1964). Changing Family Composition and the Position of the Aged in Japanese Family. *International Journal of Comparative Sociology, 5*, 155-161.

Koyama, T. (1962). Changing Family Structure in Japan. In R. S. R. Beardsley (Ed.), *Japanese Culture: Its Development and Characteristics* (pp. 47-54). Chicago: Aldine Publishing Company.

Kramer, B., & Barker, J. (1991). Ethnic Diversity in Aging and Aging Services in the U.S.: Introduction. *Journal of Cross Cultural Gerontology, 6*(2), 127-133.

Krause, N., & Liang, J. (1992). Cross-Cultural Variations in Depressive Symptoms in Later Life. *International Psychogeriatrics,, 4*(su2), 185-202.

Krause, N., & Wray, L. A. (1991). Psychosocial Correlates of Health and Illness Among Minority Elders. *Generations, 15*(4), 25-30.

Krause, N. J., G; & Liang, J. (1991). Financial Strain and Psychological Well-Being Among the American and Japanese Elderly. *Psychology and Aging, 6*, 170-181.

Kung, A., Luk, K., Chu, L., & Chiu, P. (1998). Age-Related Osteoporosis in Chinese: An Evaluation of the Response of Intestinal Calcium Absorption and Calcitropic Hormones to Dietary Calcium Deprivation. *American Journal of Clinical Nutrition, 68*(6), 1291-7.

Kuo, W. (1984). Prevalence of Depression Among Asian Americans. *The Journal of Nervous and Mental Disease, 172*, 449-457.

Kuo, W. (1986). Social Networking, Hardiness and Immigrant's Mental Health. *Journal of Health and Social Behavior, 27*, 133-149.

Kurzeja, P., Koh, S., Koh, T., & Liu, W. (1986). Ethnic Attitudes of Asian American Elderly. *Research on Aging, 8*(1), 110-127.

Kushida, A., & Montenegro, M. (1976). A Training Program for Asian and Pacific Islander Americans. *Social Casework, 57*(3), 185-194.

Labovitz, P. (1996, 3/25/96). Immigration--Just the Facts. *The New York Times*, pp. A15.

Lam, L. C. W., Chiu, H. F. K., Ng, K. O., Chan, C., Chan, W. F., Li, S. W., & Wong, M. (1998). Clock-Face Drawing, Reading and Setting Tests in the Screening of Dementia in Chinese

Elderly Adults. *Journal of Gerontology: Psychological Sciences, 53B*(6), 353-357.

Laotian Advisory Committee. (1991). *Lao Elders in the Bay Area: A Report on Social Service Needs and Ways to Meet Them* . San Francisco: North of Market Senior Services, San Francisco, CA.

Lauderdale, D., Jacobsen, S., Furner, S., Levy, P., Brody, J., & Goldberg, J. (1997). Hip Fracture Incidence Among Elderly Asian-American Populations. *American Journal of Epidemiology, 146*(6), 502-9.

Lavizzo-Mourey, R., & Mackenzie, E. R. (1996). Cultural Competence: Essential Measurements of Quality for Managed Care Organizations. *Annals of Internal Medicine, 124*(10), 919-921.

Lawrence, C., & Matsuda, M. (1997). *We Won't Go Back*. Boston, MA: Houghton Mifflin Co.

Lawson, J. S., & Lin, V. (1994). Health Status Differentials in the People's Republic of China. *American Journal of Public Health, 84*(5), 737-741.

Le, K. Q. (1997). Mistreatment of Vietnamese Elderly by Their Families in the United States. *Journal of Elder Abuse & Neglect, 9*(2), 51-62.

Lee, J., & Kiyak, H. (1992). Oral Disease Beliefs, Behaviors, and Health Status of Korean Americans. *Journal of Public Health Dentistry, 52*(3), 131-136.

Lee, J. L. (1987). Asian American Elderly: A Neglected Minority Group. *Journal of Gerontology and Social Work, 9*(4), 103-116.

Lee, R. N. F. (1986). The Chinese Perception of Mental Illness in the Canadian Mosaic. *Canada's Mental Health*(December), 2-4.

Lee, Y., & Kasper, J. D. (1998). Assessment of Medical Care by Elderly People: General Satisfaction and Physician Quality. *Health Services Research, 32*(6).

Lee, Y., & Sung, K. (1998). Cultural Influences on Caregiving Burden: Cases of Koreans and Americans. *International Journal of Aging and Human Development, 46*(2), 125-41.

Leong, F. T. L. (1994). Asian Americans' Differential Patterns of Utilization of Inpatient and Outpatient Public Mental Health Services in Hawaii. *Journal of Community Psychology, 22*(April), 82-96.

Levine, G. M., D. (1973). Socioeconomic Mobility Among Three Generations of Japanese Americans. *Journal of Social Issues, 29*(2), 33-48.

Levy-Storms, L. (1998). *Promoting Prevention: Health Communication Networks and the Adoption of Mammography Screening Among Older Samoan Women.* Unpublished unpublished, UCLA, Los Angeles.

Lew, L. S. (1991). Elderly Cambodians in Long Beach: Creating Cultural Access to Health Care. *Journal of Cross Cultural Gerontology, 6*(2), 199-203.

Lewis, M. (1982). Aging in the People's Republic of China. *International Journal of Aging and Human Development, 15*(2), 79-105.

Liang, J., Bennett, J., Whitelaw, N., & Maeda, D. (1991). The Structure of Self-Reported Physical Health Among the Aged in the United States and Japan. *Medical Care, 29*, 1161-1180.

Liberman, T. (1998, 3/30). Hunger in America. *The Nation*, 11-16.

Lillie-Blanton, M., P.E., P., Gayle, H., & Dievler, A. (1996). Racial Differences in Health: Not Just Black and White, But Shades of Gray. *Public Health, 17*(Annu Rev), 411-48.

Lin, K. (1983). Hwa-Byung., A Korean Culture-Bound Syndrome? *American Journal of Psychiatry, 140*(1), 105-107.

Lin, T., & al, e. (1971). Morbidity and Mortality of Cancer of the Nasopharynx in Taiwan. *Gann Monograph, 10*, 137-144.

Lincoln, R. (1956). Recorded and Expected Mortality Among the Chinese of Hawaii and the United States with Special Reference to Cancer. *Journal of the National Cancer Institute, 17*(5), 667-202.

Lin-Fu, J. (1988). Population Characteristics and Health Care Needs of Asian Pacific Americans. *Public Health Report, 103*(1), 18-26.

Lin-Fu, J. S. (1994). Ethnocultural Barriers to Health Care: A Major Problem for Asian and Pacific Islander Americans. *Asian American and Pacific Islander Journal of Health, 2*(4), 290-

298.

Lipman, A. (1975). Conference on the Potential for Japanese-American Cross-National Research on Aging. *The Gerontologist, 15*, 248-253.

Lipsitz, L., Nakajima, I., M., G., Hirayama, T., Connelly, C., Izumo, H., & Hirayama, T. (1994). Muscle Strength and Fall Rates Among Residents of Japanese and American Nursing Homes: An International Cross-Cultural Study. *Journal of the American Geriatrics Society, 42*(9), 953-959.

Liu, W. T. (1986). Health Services for Asian Elderly. *Research on Aging, 8*(1), 156-175.

Lock, M. (1984). Licorice in Leviathan: The Medicalization of Care for the Japanese Elderly. *Culture, Medicine, and Psychiatry, 8*, 121-139.

Lorenzo, M., & Adler, D. (1984). Mental Health Services for Chinese in a Community Health Center. *Social Casework: The Journal of Contemporary Social Work, 65*(10), 600-614.

Louie, T. T.-z. (1974, June 11, 1974). *Illness Concept and Management Among Chinese-Americans in San Francisco.* Paper presented at the American Nurses' Association Annual Meeting, San Francisco.

Lu, C. (1992, July/August). Minnesota's Vietnamese Elders: Strangers in a Cold Land. *Aging Today,* pp. 15.

Luangpraseut, D. (1994). *Health Care Reform: Implications for Older Southeast Asians* : The UCLA School of Public Health and Asian Pacific Health Care Venture.

Lum, D., & Cheung, L. (1980). The Psychosocial Needs of the Chinese Elderly. *Social Casework: The Journal of Contemporary Social Work, 61*(2), 100-106.

Lum, O. (1995). Health Status of Asians and Pacific Islanders. *Ethnogeriatrics, 11*, 53-67.

Lurie, E., Kalish, R. A., Wexler, R., & Ansak, M.-L. (1976). On Lok Senior Day Health Center: A Case Study. *The Gerontologist, 16*(1 (part 1)), 39-46.

Lusky, R. A. (1986). Anticipating the Needs of US Aged in the 21st Century: Dilemas in Epidemiology, Gerontology, and Public Policy. *Social Science Medicine, 23*(12), 1217-1227.

Ma, H., & Wong, L. (1992). Gestational Trophoblastic Disease in Hong Kong. *Seminars in Oncology,, 9*(2), 224-233.

MacDonald, W., Anderson, F., & Hashimoto, S. (1967). Histological Effect of Certain Pickles on the Human Gastric Mucosa: A Preliminary Report. *Cancer Medical Association Journal, 96*, 1521-1525.

Mackinnon, M. E., Gien, L., & Durst, D. (1996). Chinese Elders Speak Out. *Clinical Nursing Research, 5*(3), 326-342.

MacLean, M. J., & Bonar, R. (1987). Cooperative Practice to Overcome Socially Constructed Hardship for Elderly People. In D. Gefland & C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 211-223). New York: Springer Publishing Company.

Madanay, L., Johnson, D., Miyamoto, L., & Gilbert, F. J. (1995). Prostate-Specific Antigen Concentration: Influence of Age and Ethnicity. *Hawaii Medical Journal, 54*(6), 606-8.

Maddox, G. L. (1991). Aging with a Difference: Heterogeneity, Intervention, and the Future. *Generations, 15*(1), 7-10.

Maeda, D. (1975). Growth of Old People's Clubs in Japan. *The Gerontologist, 15*, 254-256.

Maeda, D. (1983). Family Care in Japan. *The Gerontologist, 23*(6), 579-583.

Maeda, N. (1989). Long-Term Care for the Elderly in Japan. In T. Schwab (Ed.), *Caring for an Aging World* (pp. 246-264): McGraw-Hill Book Company.

Malby, H. (1998). Health Promotion for Vietnamese Women and their Families. *Nurs Stand, 12*(32), 40-3.

Manfiletto, E. (1995). Profit in Diversity. *Managed Healthcare*(July), 36, 44,46.

Markides, K. S., Liang, J., & Jackson, J. S. (1990). Race, Ethnicity, and Aging: Conceptual and Methodological Issues, *Handbook of Aging and the Social Sciences* (Third Edition ed., pp. 112-129): Academic Press.

Markides, K. S., & Miranda, M. R. (Eds.). (1997). *Minorities, Aging, and Health.* Thousand Oaks, CA: SAGE Publications, Inc.

Markson, E. (1979). Ethnicity as a Factor in the Institutionalization of the Ethnic Elderly. In D. G. A. Kutzik (Ed.), *Ethnicity and Aging: Theory, Research, and Policy* (pp. 341-356). New York: Springer Publishing Company.

Marmot, M., & Syme, S. (1976). Acculturation and Coronary Heart Disease in Japanese Americans. *American Journal of Epidemiology, 104*, 225-247.

Marmot, M., Syme, S., Kagan, A., & al, e. (1975). Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Prevalence of Coronary and Hypertensive Heart Disease and Associated Risk Factors. *American Journal of Epidemiology, 102*, 514-525.

Martin, L. (1988). The Aging of Asia. *Journal of Gerontology: Social Sciences, 43*(4), S99-Sl 13.

Mason, L. (1983). Growing Old in Changing Micronesia. *Pacific Studies, 6*(1), 1-25.

Masuda, M., Lin, K. M., & Tazuma, L. (1980). Adaptation Problems of Vietnamese Refugees. *Archives of General Psychiatry, 37*(April), 447-450.

Masuda, M., Matsumoto, G., & Meredith, G. (1970). Ethnic Identity in Three Generations of Japanese Americans. *Journal of Social Psychology, 81*, 199-207.

Matsumoto, G., Meredith, G., & Masuda, M. (1970). Ethnic Identification: Honolulu and Seattle Japanese Americans. *Journal of Cross-Cultural Psychology, 1*(1), 63-76.

Matsumoto, Y. (1970). Social Stress and Coronary Heart Disease in Japan: A Hypothesis. *Millbank Memorial Fund Quarterly, 48*, 9-36.

Mau, M., Grandinetti, A., Arakaki, R., Chang, H., Kinney, E., & Curb, J. (1997). The Insulin Resistance Syndrome in Native Hawaiians. Native Hawaiian Health Research (NHHR) Project. *Diabetes Care, 20*(9), 1376-80.

Maxwell, A., Bastani, R., & Warda, U. (1997). Breast Cancer Screening and Related Attitudes Among Filipino-American Women. *Cancer Epidemiology Biomarkers Prevention, 6*(9), 719-26.

Maxwell, A., Bastani, R., & Warda, U. (1998). Mammography Utilization and Related Attitudes Among Korean-American Women. *Women Health, 27*(3), 89-107.

Maxwell, R. (1970). The Changing Status of Elders in a Polynesian Society. *Aging and Human Development, 1*(2), 137-146.

Maxwell, R., & Silverman, P. (1970). Information and Esteem: Cultural Considerations in the Treatment of the Elderly. *Aging and Human Development, 1*, 361-392.

McBride, M., Morioka-Douglas, N., & Yeo, G. (1996). *Aging and Health: Asian and Pacific Islander American Elders* (3). Stanford, CA: Stanford Geriatric Education Center.

McCormack, G. L., Llorens, L. A., & Glogoski, C. (1991). Culturally Diverse Elders. In J. M. Kiernat (Ed.), *Occupational Therapy and the Older Adult* (pp. 11-25). Gaithersburg, MD: Aspen.

McGee, D., Liao, Y., Cao, G., & Cooper, R. (1999). Self-Reported Health Status and Mortality in a Multiethnic US Cohort. *American Journal of Epidemiology, 149*(1), 41-6.

McGee, D., Reed, D., Yano, K., Kagan, A., & Tillotson, J. (1984). Ten-Year Incidence of Coronary Heart Disease in the Honolulu Heart Program: Relationship to Nutrient Intake. *American Journal of Epidemiology, 119*(5), 667-676.

McKelvey, R., & Webb, J. (1996). A Comparative Study of Vietnamese Amerasians, their Non-Amerasian Siblings, and Unrelated, Like-Aged Vietnamese Immigrants. *American Journal of Psychiatry, 153*(4), 561-3.

McKelvey, R., & Webb, J. (1997). A Prospective Study of Psychological Distress Related to Refugee Camp Experience. *Australian New Zealand Journal of Psychiatry, 31*(4), 549-54.

McMahon, A., & Allen-Meares, P. (1992). Is Social Work Racist? A Content Analysis of Recent Literature. *Social Work, 37*(6), 533-539.

McPhee, S., Bird, J., Davis, T., Ha, N., Jenkins, C., & Le, B. (1997). Barriers to Breast and Cervical Cancer Screening among Vietnamese-American Women. *American Journal of Preventive Medicine, 13*(3), 205-13.

Medicare Rights Center. (1998). *HMO Flash: A Practical Guide by the Medicare Rights Center*. New York, NY: Medicare Rights Center.

Meng, L., Maskarinec, G., & Lee, J. (1997a). Ethnicity and Conditional Breast Cancer Survival in Hawaii. *Journal of Clinical Epidemiology, 50*(11), 1289-96.

Meng, L., Maskarinec, G., & Wilkens, L. (1997b). Ethnic Differences and Factors Related to Breast Cancer Survival in Hawaii. *International Journal of Epidemiology, 26*(6), 1151-8.

Meng, Y. (1994). *Primary Care and Disadvantaged Asians and Pacific Islanders. Abstract and Executive Summary and Final Report* (AHCPR No. 95-44). Oakland, CA: Association of Asian/Pacific Community Health Organizations.

Meredith, L., & Siu, A. (1995). Variation and Quality of Self-Report Health Data: Asians and Pacific Islanders Compared With Other Ethnic Groups. *Medical Care, 33*(11), 1120-1131.

Mills, P., & Yang, R. (1997). Cancer Incidence in the Hmong of Central California, United States, 1987-94. *Cancer Causes Control, 8*(5), 705-12.

Minority Affairs. (1986). *Portrait of Older Americans* . Washington, DC: American Association of Retired Persons, Washington DC.

Mishara, S., Luce-Aoelua, P., & Wilkens, L. (1996). Cancer among Indigenous Populations. The Experience of American Samoans. *Cancer, 78*(7 Suppl), 1553-7.

Mishra, S., Luce-Aoelua, P., Wilkens, L., & Bernstein, L. (1996). Cancer among American-Samoans: Site-Specified Incidence in California and Hawaii. *International Journal of Epidemiology, 25*(4), 713-21.

Mo, B. (1992). Modesty, Sexuality, and Breast Health in Chinese-American Women. *The Western Journal of Medicine, 157*(3), 260-264.

Modarres, A. (1994). *The Racial and Ethnic Structure of Los Angeles County: A Geographic Guide*. Los Angeles: Institute of Public Affairs California State University.

Mokuau, N., & Browne, C. (1994). Life Themes of Native Hawaiian Female Elders: Resources for Cultural Preservation. *Social Work, 39*(1), 43-9.

Mokuau, N., & Fong, R. (1994). Assessing the Responsiveness of Health Services to Ethnic Minorities of Color. *Social Work in Health Care, 20*(2), 23-34.

Montepio, S. N. (1986). Folk Medicine in the Filipino American Experience. *Amerasia, 13*(1), 151-162.

Montero, D. (1979). Disengagement and Aging Among the Issei. In D. G. A. Kutzik (Ed.), *Ethnicity and Aging: Theory, Research, and Policy* (pp. 193-205). New York: Springer Publishing Company.

Montero, D. (1980). The Elderly Japanese American: Aging Among the First Generation Immigrants. *Genetic Psychology Monographs, 101*, 99-118.

Moody, H. R. (1998). Cross-Cultural Geriatric Ethics: Negotiating Our Differences. *Generations, 22*(3), 32-39.

Moon, A., & Chang, J. (1993). *A Survey of Older Americans in Los Angeles County* (Los Angeles County Area Agency on Aging Needs Assessment Survey). Los Angeles, CA: UCLA School of Social Welfare.

Moon, A., Lubben, J., & Villa, V. (1998). Awareness and Utilization of Community Long-Term Care Services by Elderly Korean and Non-Hispanic White Americans. *Gerontologist, 38*(3), 309-16; discussion 317-9.

Moon, A., & Williams, O. (1993). Perceptions of Elder Abuse and Help-Seeking Patterns Among African-American, Caucasian American, and Korean-American Elderly Women. *The Gerontologist, 33*(3), 386-395.

Moon, J., & Pearl, J. (1991). Alienation of Elderly Korean American Immigrants as Related to Place of Residence, Gender, Age, Years of Education, Time in the US, Living with or without Children, and Living with or without a Spouse. *International Journal of Aging and Human Development, 32*(2), 115-124.

Moore, J., Clark, G., Takatani, O., Wakabayashi, Y., Hayward, J., & Bulbrook, R. (1983). Distribution of 170 Estradiol in the Sera of Normal British and Japanese Women. *Journal of the National Cancer Institute, 71*(4), 749-754.

Mori, M. (1979). Services to the Aged in Japan. In M. I. Teicher, D. Thursz, & J. L. Vigilante (Eds.), *Reaching the Aged: Social Services in Forty Four Countries* (1 ed., pp. 189-200).

Beverly Hills: Sage Publications.

Mosbacher, R. A. (1991, August 1991). Secretary of Commerce Robert A. Mosbacher Decides Against Adjustment of 1990 Census. *Census and You, 26*, 1-1.

Muecke, M. (1983). Caring for Southeast Asian Refugees in the USA. *American Journal of Public Health, 73*(4), 431-438.

Mui, A. (1996a). Depression Among Elderly Chinese Immigrants: An Exploratory Study. *Social Work, 41*(6), 633-45.

Mui, A. (1996b). Geriatric Depression Scale as a Community Screening Instrument for Elderly Chinese Immigrants. *International Psychogeriatrics, 8*(3), 445-58.

Muir, C. (1960). Coronary Heart Disease in Seven Racial Groups in Singapore. *British Heart Journal, 22*, 45-53.

Muller, J. H. (1992). Ethnical Dilemmas in a Cross-Cultural Context: A Chinese Example*. The Western Journal of Medicine, 157*(3), 323-327.

Munoz, F. (1976). Pacific Islanders -- A Perplexed, Neglected Minority. *Social Casework*, *57*(3), 179-184.

Munoz, F. (1977). Family Life Patterns of Pacific Islanders: The Insidious Displacement of Culture. In G. Powell (Ed.), *The Psychosocial Development of Minority Group Children* (pp. 248-257). New York: Brunner/Mazel Publishers.

Murase, K. (1992). Models of Service Delivery in Asian American Communities. In S. M. Furuto, R. Biswas, D. K. Chung, K. Murase, & F. Ross-Sheriff (Eds.), *Social Work Practice With Asian Americans* (pp. 101120). Newbury Park: Sage Publications.

Murphy, H. (1977). Migration, Culture, and Mental Health. *Psychological Medicine, 7*, 677-684.

Murray, J., & Sheperd, S. (1993). Alternative or Additional Medicine? An Exploratory Study in General Practice. *Social Science Medicine, 37*(8), 989-988.

Murray, R. H., & Rubel, A. J. (1992). Sounding Board: Physicians and Healers - Unwitting Partners in Health Care. *The New England Journal of Medicine, 326*(1), 61-64.

Nagpaul, K. (1997). Elder Abuse Among Asian Indians: Traditional versus Modern Perspectives. *Journal of Elder Abuse and Neglect, 9*(2), 77-92.

National Asian Pacific Center on Aging. (1998). *Report on Progress: Community Based Capacity Building for Asian Pacific Islander Elders* . Seattle, WA: National Asian Pacific Center on Aging.

National Pacific/Asian Resource Center on Aging. (1981). *Pacific/Asians: The Wisdom of Age [National Mini-Conference on the Pacific/Asian Elderly, 1981 White House Conference on Aging, Executive Summary]*. Paper presented at the White House Conference on Aging, Seattle.

Neary, M. S., PA; Seidl, A; & Inoaka, MS. (1992). A Short-Term Geriatric Nursing Program in the US for Japanese Nurses. *International Nursing Review, 39*(2), 56-59.

Nelson, E. A., & Dannefer, D. (1992). Aged Heterogeneity: Fact or Fiction? The Fate of Diversity in Gerontological Research. *The Gerontologist, 32*(1), 17-23.

Nemoto, T. (1998). Subjective Norms Toward Social Support Among Japanese American Elderly in New York City: Why Help Does Not Always Help. *Journal of Community Psychology, 26*(4), 293-316.

Newcomer Information Clearinghouse. (1997). *San Francisco Profile of Immigrants and Refugees* . San Francisco: International Institute of the East Bay.

Ng, C. (1992). Growing Old. In J. F. J. Lee (Ed.), *Asian Americans: Oral Histories of First to Fourth Generation Americans from China, the Philippines, Japan, India, the Pacific Islands, Vietnam, and Cambodia* (2 ed., pp. 147-149). New York: The New Press.

Nguyen, A., Bounthinh, T., & Mum, S. (1980). *Folk Medicine, Folk Nutrition, Superstitions* (contract # 99-7-998-36-17). Washington, DC: US Department of Labor.

Nguyen, M. (1985). Culture Shock: A Review of Vietnamese Culture and its Concepts of Health and Disease. *Western Journal of Medicine, 142*, 409-412.

Nichaman, M., Hamilton, H., Kagan, A., & al, e. (1975). Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Distribution of Biochemical Risk Factors. *American Journal of Epidemiology, 102*(6), 492-501.

Nishi, S. M., & Wang, C. P. (1985). The Status of Asian Americans in the Health Care Delivery System in New York. *New York State Journal of Medicine*(April), 153-156.

Nomura, A., Heilbrun, L., Morris, S., & Stemmermann, G. (1987). Serum Selenium and the Risk of Cancer, by Specific Sites: Case-Control Analysis of Prospective Data. *Journal of the National Cancer Institute*(1), 103-107.

Nomura, A., Heilbrun, L., & Stemmermann, G. (1986). Study of Coffee Consumption and the Risk of Cancer. *Journal of the National Cancer Institute, 76*(4), 587-590.

Nomura, A., Hellbrun, L., Stemmermann, G., & Judd, H. (1988). Prediagnostic Serum Hormones and the Risk of Prostate Cancer. *Cancer Research, 48*, 3515-3517.

Nomura, A., Stemmermann, G., Heilbrun, L., & al, e. (1985a). Serum Vitamin Levels and the Risk of Cancer of Specific Sites in Men of Japanese Ancestry in Hawaii. *Cancer Research, 45*, 2369-2372.

Nomura, A., Stemmermann, G. N., & Heilbrun, L. K. (1985b). Gastric Cancer Among the Japanese in Hawaii: A Review. *Hawaii Medical Journal, 44*(8), 301-306.

Nomura, A., Wasnich, R., Heilbrun, L., Ross, P., & Davis, J. (1989). Comparison of Bone Mineral Content Between Japan-born and US-born Japanese Subjects in Hawaii. *Bone and Mineral, 6*, 213-223.

Nordyke, E., Lee, R., & Gardner, R. (1984). *A Profile of Hawaii's Elderly Population*. Honolulu: East-West Center.

Northcott, H. C., & Bachynsky, J. A. (1993). Concurrent Utilization of Chiropractic, Prescription Medicines, Nonprescription Medicines and Alternative Health Care. *Social Science Medicine, 37*(3), 431-435.

Novotny, R., Davis, J., Ross, P., & Wasnich, R. (1998). Adiposity and Blood Pressure in a Multiethnic Population of Women in Hawaii. *Ethnic Health, 3*(3), 167-73.

Nydegger, C. (1983). Family Ties of the Aged in Cross-Cultural Perspective. *The Gerontologist,, 23*, 26-31.

Office of Minority Health. (1996, March/April). The State of Minority Health: OMH State Representatives Meeting Addresses Managed Care. *Closing the Gap*, pp. 1,2.

Office of Multicultural Health. (1993). *Cultural and Linguistic Requirements Subgroup: Recommended Standards for the Medi-Cal Managed Care Program* : California Department of Health, Sacramento, CA & California Cultural Competency project, Institute for the Study of Social Change, University of California, Berkeley, CA.

Ogawa, N. (1982). Economic Implications of Japan's Aging Population: A Macro-Economic Demographic Modeling Approach. *Aging and Work, 5*(2), 144-145.

O'Hare, W. P., & Felt, J. C. (1991). *Asian Americans: America's Fastest Growing Minority Group* (Population Trends and Public Policy Series). Washington D.C.: Population Reference Bureau, PO Box 96152, Washington DC 20090-6152.

Oishi, C., Hoaglund, F., Gordon, L., & Ross, P. (1998). Total Hip Replacement Rates are Higher among Caucasians than Asians in Hawaii. *Clinical Orthopaedics and Related Research, Aug*(353), 166-174.

Olsen, S., & Frank-Stromborg, M. (1993). Cancer Prevention and Early Detection in Ethnicaly Diverse Populations. *Seminars in Oncology Nursing, 9*(3), 198-209.

Ong, A. (1995). Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship in California. *Social Science Medicine, 40*(9), 1243-57.

Orange County Asian and Pacific Islander Community Alliance. (1998). *Demographic and Health Status of Asian and Pacific Islander Americans in Orange County* . Garden Grove, CA: Orange County Asian and Pacific Islander Community Alliance.

Orque, M. S., Bloch, B., & Monrroy, L. S. A. (1983). *Ethnic Nursing Care: A Multifultural Approach*. St. Louis, MO: C.V. Mosby Company.

Osako, M. (1976). Intergenerational Relations as an Aspect of Assimilation: The Case of Japanese-Americans. *Sociological Inquiry, 46*(1), 67-72.

Osako, M., & Liu, W. (1986). Intergenerational Relations and the Aged Among Japanese

Americans. *Research on Aging, 8*(1), 128-155.

Ozawa, M. N. (Ed.). (1989). *Women's Life Cycle and Economic Insecurity*. New York: Greenwood Press.

Ozawa, N. (1979). Mental Health Aspects of Pacific Asians. In E. Stanford (Ed.), *Minority Aging Research: Old Issues-New Approaches* (pp. 261-263). San Diego, CA: University Center on Aging, College of Human Services, San Diego State University.

Pablo, S., & Braun, K. L. (1997). Perceptions of Elder Abuse and Neglect and Help Seeking Patterns Among Filipino and Korean Elderly Women in Honolulu. *Journal of Elder Abuse and Neglect, 9*(2), 63-76.

Palerm, J. (1992). Cross-Culture Medicine: A Decade Later -- A Season in the Life of a Migrant Farm Worker in California. *The Western Journal of Medicine, 157*(3), 362-373.

Palmore, E. (1975). What can the US learn from Japan about Aging? *The Gerontologist, 15*, 64-67.

Palmore, E., & Manton, K. (1974). Modernization and Status of the Aged: International Correlations. *Journal of Gerontology, 29*, 205-210.

Palmore, E., & Whittington, F. (1971). Trends in the Relative Status of the Aged. *Social Forces, 50*, 84-91.

Pang, K. (1989). The Practice of Traditional Korean Medicine in Washington, DC. *Social Science Medicine, 28*, 875-884.

Pang, K. (1990). Hwabyang: The Construction of a Korean Popular Illness Among Korean Elderly Immigrant Women in the United States. *Culture, Medicine, and Psychiatry, 14*(4), 495-512.

Pang, K. (1998). Symptoms of Depression in Elderly Korean Immigrants: Narration and the Healing Process. *Cultural Medicine and Psychiatry, 22*(1), 93-122.

Pang, K., & Lee, M. (1994). Prevalence of Depression and Somatic Symptoms Among Korean Elderly Immigrants. *Yonsei Medical Journal,, 35*(2), 155-161.

Park, K., Upshaw, H., & Koh, S. (1988). East Asians' Responses to Western Health Items. *Journal of Cross-Cultural Psychology, 19*(1), 51-64.

Parker, S., Davis, K., Wingo, P., Ries, L., & Heath, C. J. (1998). Cancer Statistics by Race and Ethnicity. *CA: A Cancer Journal for Clinicians, 48*(1), 31-48.

Patel, S., & Gaw, A. (1996). Suicide Among Immigrants from the Indian Subcontinent: A Review. *Psychiatric Services, 47*(5), 517-21.

Patterson, T., Semple, S., Shaw, W., Yu, E., He, Y., Zhang, M., Wu, W., & Grant, I. (1998). The Cultural Context of Caregiving: A Comparison of Alzheimer's Caregivers in Shanghai, China and San Diego, California. *Psychological Medicine, 28*(5), 1071-84.

Pawson, L., & Janes, C. (1982). Biocultural Risks in Longevity: Samoans in California. *Social Science and Medicine, 16*(2), 183-190.

Pear, R. (1998, 6/22/98). New Rules to Protect Medicare Patients. *Seattle Post Intelligencer*, pp. A1,!5.

Pearson, J. D. (1992). Attitudes and Perceptions Concerning Elderly Samoans in Rural Western Samoa. *Journal of Cross-Cultural Gerontology, 7*(1), 69-88.

Peizel, H. (1977). Japanese Personality-in-Culture. *Culture, Medicine, and Psychiatry, 1*, 299-315.

Peterson, M., , , & al, e. (1985). A Cross-Cultural Health Status of Japanese and Caucasian Elders in Hawaii. *International Journal of Aging and Human Development, 21*(4), 267-279.

Peterson, R. (1978). *The Elder Filipino*. San Diego: Campanile Press, San Diego State University.

Pham, N. T. (1986). The Mental Health Problems of Vietnamese in Calgary: Major Aspects and Implications for Services. *Canada's Mental Health*(December), 5-9.

Phinney, J. S. (1990). Ethnic Identity in Adolescents and Adults: Review of Research. *Psychological Bulletin, 108*(3), 499-514.

Pigg, S. L. (1995). Acronyms and Effacement: Traditional Medical Practitioners (TMP) in International Health Development. *Social Science Medicine, 41*(1), 47-68.

Pinhey, T., Heathcote, G., & Craig, U. (1997). Health Status of Diabetic Persons in an Asian-Pacific Population: Evidence from Guam. *Ethnic Diversity, 7*(1), 65-71.

Plath, D. (1972). Japan: The After Years. In D. Cowgill & L. Holmes (Eds.), *Aging and Modernization* (pp. 133-150). New York: Appleton-Century-Croft.

Plath, D. (1977). Ecstasy Years - Old Age in Japan. *Pacific Years, 46*(3), 421-429.

Policy Office for the Aged. (1982). *Summary Data on Aging in Japan* . Tokyo, Japan: Policy Office for the Aged, Prime Minister's Secretariat.

Posadas, B. (1986-1987). At a Crossroad: Filipino American History and the Older Timers' Generation. *Amerasia Journal,, 12*(1), 85-97.

Post, W. (1997, 9 September). Hate Crimes on Asians are on Rise, Group Finds. *Boston Globe*, pp. A15.

Press, I., & McKool, M. (1972). Social Structure and Status of the Aged: Toward Some Valid Cross-Cultural Generalizations. *Aging and Human Development, 3*, 297-306.

Quisenberry, W., Bruyere, P., & Rogers, M. (1970). Ethnic Differences in Cancer in Hawaii. *Progress in Clinical Cancer, 4*, 48-61.

Raffoul, P., & Haney, C. (1989). Interdisciplinary Treatment of Drug Misuse Among Older People of Color: Ethnic Considerations for Social Work Practice. *Journal of Drug Issues, 19*(2), 297-313.

Rahman, O., Strauss, J., Gertler, P., Ashley, D., & Fox, K. (1994). Gender Differences in Adult Health: An International Comparison. *The Gerontologist, 34*(4), 463-469.

Ramakrishna, J., & Weiss, M. G. (1992). Health, Illness, and Immigration: East Indians in the United States. *The Western Journal of Medicine, 157*(3), 264-270.

Randall-David, E. (1989). *Strategies for Working with Culturally Diverse Communities and Clients*. (Developed by the Comprehensive Hemophilia Program of the Bowman Gray School of Medicine, Winston-Salem, NC ed.). Washington, D.C.: Association for the Care of Children's Health.

Reed, D., & Benfante, R. (1985). Predictors of Health in Men of Japanese Ancestry in Hawaii. *Hawaii Medical Journal, 44*(8), 307-308.

Reed, D., & Feinleib, M. (1983). Changing Patterns of Cardiovascular Disease in the Pacific Basin: Report of an International Workshop. *Journal of Community Health, 8*(3), 182-205.

Reed, D., McGee, D., Cohen, J., & al, e. (1982a). Acculturation and Coronary Heart Disease Among Japanese Men in Hawaii. *American Journal of Epidemiology, 115*, 894-905.

Reed, D., McGee, D., & Yano, K. (1982b). Biological and Social Correlates of Blood Pressure Among Japanese Men in Hawaii. *Hypertension, 4*(3), 406-413.

Reed, D. M., D; Yano, K; & Hankin, J. (1985). Diet, Blood Pressure, and Multicollinearity. *Hypertension, 7*, 405-410.

Reed, P. D., McGee, D., Yano, K., & al, e. (1983). Social Networks and Coronary Heart Disease Among Japanese Men in Hawaii. *American Journal of Epidemiology, 117*, 384-396.

Rhoads, E., & Holmes, L. (1981). Mapuifagalele, Western Samoa's Home for the Aged -- A Cultural Enigma. *International Journal of Aging and Human Development, 13*(2), 121-135.

Rhoads, G., & Feinleib, M. (1983). Serum Triglyceride and Risk of Coronary Heart Disease, Stroke, and Total Mortality in Japanese-American Men. *Arteriosclerosis, 3*(4), 316-322.

Rhoads, G., Gulbransen, C., & Kagan, A. (1976). Serum Lipoproteins and Coronary Heart Disease in a Population Study of Hawaii Japanese Men. *The New England Journal of Medicine, 294*(6), 293-298.

Roberto, K. A., & Stroes, J. (1992). Grandchildren and Grandparents: Roles, Influences, and Relationships. *International Journal of Aging and Human Development, 34*(3), 227-239.

Robey, B. (1985). America's Asians. *American Demographic*(May).

Rogers, A., & Watkins, J. (1987). General Versus Elderly Interstate Migration and Population Redistribution in the United States. *Research on Aging, 9*(4), 483-529.

Rogers, G. (1995). Educating Case Managers for Culturally Competent Practice. *Journal of Case*

Management, 4(2), 60-65.

Rosenblatt, K., Weiss, N., & Schwartz, S. (1996). Liver Cancer in Asian Migrants to the United States and their Descendents. *Cancer Causes Control, 7*(3), 345-350.

Ross, G., Abbot, R., Petrovitch, H., Masaki, K., Mudaugh, C., Trockman, C., Curb, J., & White, L. (1997). Frequency and Characteristics of Silent Dementia Among Elderly Japanese-American Men. The Honolulu-Asia Aging Study. *Journal of the American Medical Association, 277*(10), 800-5.

Ross, J. L. (1995). *SSI: Recent Growth in the Rolls Raises Fundamental Program Concerns* (Testimony before the Subcommittee on Human Resources, Committee on Ways & Means, House of Representatives GAO/T-HEHS-95-67): Government Accounting Office, Washington DC.

Rubenstein, R. L. (1986). What is 'Social Integration of the Elderly' in Small-Scale Society? *Journal of Cross-Cultural Gerontology*, 391-409.

Rudkin, L. (1994). Dependency Status and Happiness with Old Age on Java. *The Gerontologist, 34*(2), 217-223.

Rumbaut, R. (1985). How Well are Southeast Asian Refugees Adapting? *Business Forum, 10*(4), 26-31.

Sakai, A. (1987). Nursing Home Populations, Then and Now. *Hawaii Medical Journal, 46*(11), 433-434.

Sakauye, K. (1989). Ethnic Variations in Family Support of the Frail Elderly. In M. Zucker-Goldstein (Ed.), *Family Involvement in Treatment of the Frail Elderly* (pp. 63-106). Washington, DC:: American Psychiatric Press.

Sakauye, K. (1992). The Elderly Asian Patient. *Journal of Geriatric Psychiatry, 25*(1), 85-104.

Sakauye, K. C., RC. (1994). Issues in the Psychiatric Care of Asian/Pacific American Elders. In A. P. Association (Ed.), *Ethnic Minority Elderly: A Task Force Report of the American Psychiatry Association* (pp. 115-147). Washington, DC: American Psychiatric Association.

Salcido, R., & Nakano, C., S. (1980). The Use of Formal and Informal Health and Welfare Services of the Asian-American Elderly: An Exploratory Study. *California Sociologist, 3*(2), 213-229.

Sanborn, B., & Bould, S. (1991). Intergenerational Caregivers of the Oldest Old. In S. K. Pfeifer & M. B. Sussman (Eds.), *Families: Intergenerational and Generational Connections* (pp. 125-142). Binghamton, NY: Haworth Press.

Scannell, A. (1989). *Targeting Outreach to Ethnic Minority Elderly: A Study of the AAA Contracting Agencies and Aging Services Division Branch Offices in Multnomah County, Oregon*. Portland, OR: Institute on Aging, Portland State University.

Schulz, J. H., & Davis-Friedmann, D. (Eds.). (1987). *Aging China: Family, Economics, and Government Policies in Transition*. Washington, D.C.: Gerontological Society of America.

Schwitters, S. (1980). Young Thoughts on the Old. *Aging, 309-310*, 8-13.

Schwitters, S. (1981). Elderly Pacific/Asians: Emerging Research Issues. In E. S. JB Cuellar, & DE Miller-Soule (Ed.), *Understanding Minority Aging: Perspectives and Sources* . San Diego, CA: University Center on Aging.

Schwitters, S., & Ashdown. (1981). Elderly Hawaiians in a Changing Society. *Aging, 319-320*, 10-19.

Selberg, T. (1995). Faith Healing and Miracles: Narratives About Folk Medicine. *Journal of Folklore Research, 32*(1), 35-47.

Select Committee on Aging. (1977). Older Americans Act: Impact on the Minority Elderly, *Hearing Before the Subcommittee on Housing and Consumer Interests of the Select Committee on Aging* (pp. 1-146). Washington DC: U.S. Government Printing Office.

Senior Services Task Force. (1994). *The Senior Services Plan: 1994-2000* (Report to the Board of Supervisors). San Francisco, CA: Commission on Aging.

Serby, M., Chou, J. C. Y., & Franssen, E. H. (1987). Dementia in an American-Chinese Nursing Home Population. *American Journal of Psychiatry, 144*(6), 811-812.

Severson, R., Nomura, A., Grove, J., & Stemmermann, G. (1989). A Prospective Study of Demographics, Diet, and Prostate Cancer Among Men of Japanese Ancestry in Hawaii. *Cancer Research, 49*, 1857-1860.

Shaw, W., Patterson, T., Sample, S., Grant, I., Yu, E., Zhang, M., He, Y., & Wu, W. (1997). A Cross-Cultural Validation of Coping Strategies and their Associations with Caregiving Distress. *Gerontologist, 37*(4), 490-504.

Sheldon, T. A., & Parker, H. (1982). Race and Ethnicity in Health Research. *Journal of Public Health Medicine, 14*(2), 104-110.

Sherman, D. (1995). Nursing in the Pacific Basin: A Crisis in Health Care. *Asia Pacific Journal of Public Health, 8*(2), 138-143.

Shimada, J., Jackson, J., Goldstein, E., & Buchwald, D. (1995). "Strong Medicine": Cambodian Views of Medicine and Medical Compliance. *Journal of General Internal Medicine, 10*(7), 369-74.

Shimamoto, Y. (1984). Aging in Palau. *Journal of Gerontological Nursing, 10*(11), 13-16.

Shimamoto, Y. I., D. (1988). The Elderly Samoan. *Public Health Nursing, 5*(4), 219-2-21.

Shin, S., Whang, S., Kim, C., & Lee, H. (1989). Korean Version of the Geriatric Social Adjustment Questionnaire: Cross-Cultural Comparison Between Koreans and Americans in the Perception of Life Events. *Yonsei Medical Journal, 30*(1), 38-44.

Shum, L. M. (1996). Asian-American Women: Cultural and Mental Health Issues, *Annals New York Academy of Sciences* (pp. 181-190). New York: New York Academy of Sciences.

Shuman, T. (1988). Aging and Development: Implications for the Asia-Pacific Region. In J. F. D Sanders (Ed.), *Visions for the Future: Social Work and Pacific Asia Perspectives* . Honolulu, HI: University of Hawaii School of Social Work.

Siddharthan, K. (1991). Health Insurance Coverage of the Immigrant Elderly. *Inquiry, 28*(Winter), 403-412.

Siegel, J. (1981). Demographic Background for International Gerontological Studies. *Journal of Gerontology, 36*(1), 93-102.

Siganga, W., & Huynh, T. (1997). Barriers to the Use of Pharmacy Services: The Case of Ethnic Populations. *Journal of the American Pharmaceutical Association, NS37*(3), 335-40.

Silove, D., Manicavasagar, V., Beltran, R., Le, G., Nguyen, H., Phan, T., & Blaszczynski, A. (1997). Satisfaction of Vietnamese Patients and their Families with Refugee and Mainstream Mental Health Services. *Psychiatric Services, 48*(8), 1064-9.

Silverman, S. (1988). Decreased Incidence of Hip Fracture in Hispanics, Asians, and Blacks: California Hospital Discharge Data. *American Journal of Public Health, 78*(11), 1482-1483.

Sinacore-Guinn, D. (1998). Addressing Prejudice: The Effects of Ethical Perspectives. *Generations, 22*(3), 40-44.

Singh Dhooper, S. (1991). Toward an Effective Response to the Needs of Asian Americans. *Journal of Multicultural Social Work, 1*(2), 65-81.

Sloan, N. (1963). Ethnic Distribution of Diabetes Mellitus in Hawaii. *Journal of the American Medical Association, 183*, 123-128.

Smith, L. (1997). Critical Thinking, Health Policy, and the Hmong Culture Group, Part II. *Journal of Cultural Diversity, 4*(2), 59-67

Quiz 69.

Snyder, P. (1981). Ethnicity and Folk Healing in Honolulu, Hawaii. *Social Science and Medicine, 15*, 125-132.

Snyder, P. (1982). Creating Culturally Supportive Environments in Long-Term Care Institutions. *Journal of Long-Term Care Administration, 10*(1), 19-26.

Snyder, P. (1984). Health Service Implications of Folk Healing Among Older Asian Americans and Hawaiians in Honolulu. *Gerontologist, 24*, 471-476.

Sokolobsky, J., & Vesperi, M. D. (1991). The Cultural Context of Well-Being in Old Age. *Generations, 15*(1), 21-24.

Somani, P. (1994). Myth of a Model Minority. *Asian American and Pacific Islander Journal of*

Health, 2(4), 284-289.

Spitzer, J. (1984). Planning Services for Elderly Refugees: The Vietnamese and Soviet Jews. *Migration Today, 12*, 25-27.

Stamp, D., & Arnold, M. (1995). Tuberculosis in Home Care: Complying with OSHA. *Caring Magazine*, 16-22.

Stanford, E. (Ed.). (1979). *Minority Aging Research*. (Vol. VI). San Diego CA: University Center on Aging, College of Human Services. San Diego University.

Stanford, E. P., & Yee, D. L. (1991). Gerontology and the Relevance of Diversity. *Generations, 15*(4), 11-15.

Stanford, J. L., Herrinton, L. J., Schwartz, S. M., & Weiss, N. S. (1995). Breast Cancer Incidence in Asian Migrants to the United States and their Descendents. *Epidemiology, 6*(2), 181-183.

Stavig, G., Igra, A., & Leonard, A. (1988). Hypertension and Related Health Issues Among Asians and Pacific Islanders in California. *Public Health Reports, 103*, 28-37.

Stemmermann, G. (1982). Unsuspected Cancer in Elderly Hawaiian Japanese: An Autopsy Study. *Human Pathology, 13*, 1039-1044.

Stemmermann, G., Heilbrun, L., Nomura, A., Yano, K., & Hayashi, T. (1986). Adenomatous Polyps and Atherosclerosis: An Autopsy Study of Japanese Men in Hawaii. *International Journal of Cancer, 38*, 789-794.

Stemmermann, G. N., Hayashi, T., Resch, J. A., Chung, C. S., Reed, D. M., & Rhoads, G. G. (1984). Risk Factors Related to Ischemic and Hemorrhagic Cerebrovascular Disease at Autopsy: The Honolulu Heart Study. *Stroke, 15*(1), 23-.

Stone, R. I., & Yamada, Y. (1998). Ethics and the Frontline Long-Term Care Worker: A Challenge for the 21st Century. *Generations, 22*(3), 45-51.

Stumphauzer, J., & Davis, L. (1983). Training Community-Based Asian-American Mental Health Personnel in Behavior Modification. *Journal of Community Psychology, 11*, 253-258.

Sue, S. (1977). Community Mental Health Services to Minority Groups: Some Opinions, Some Pessimism. *American Psychologist, 32*, 616-624.

Sue, S. (1998). In Search of Cultural Competence in Psychotherapy and Counseling. *American Psychology, 53*(4), 440-8.

Sue, S., Fujino, D. C., Hu, L., Takeuchi, D., & Zane, N. W. S. (1991). Community Mental Health Services for Ethnic Minority Groups: A Test of the Cultural Responsiveness Hypothesis. *Journal of Consulting and Clinical Psychology, 59*(4), 533-540.

Sue, S., Sue, D., & Takeuchi, D. (1995). Psychopathology Among Asian Americans: A Model Minority? *Cultural Diversity in Mental Health, 1*(1), 39-51.

Suh, D., & Penserga, L. J. (1996). *Riding the Waves of Change: Improving the Health of Asian and Pacific Islander Women Under Medi-Cal Managed Care Expansion* (Policy). San Francisco, CA: Asian & Pacific Islander American Health Forum.

Sung, K.-T. (1990). A New Look at Filial Piety: Ideals and Practices of Family-Centered Parent Care in Korea. *The Gerontologist, 30*(5), 610-617.

Sung, K.-T. (1995). Measures and Dimensions of Filial Piety in Korea. *The Gerontologist, 35*(2), 240-247.

Suskind, R. (1994, 14 February). Clinton Weights Cuts to Finance Welfare Reform: Some Immigrants' Benefits as well as Housing Aid are said to be Targets. *The Wall Street Journal*, pp. A2,!6.

Swallen, K., Glaser, S., Stewart, S., West, D., Jenkins, C., & McPhee, S. (1998). Accuracy of Racial Classification of Vietnamese Patients in a Population-based Cancer Registry. *Ethnic Diversity, 8*(2), 218-27.

Taira, D., Safran, D., Seto, T., Rogers, W., Kosinski, M., Ware, J., Lieberman, N., & Tarlov, A. (1997). Asian-American Patient Ratings of Physician Primary Care Performance. *Journal of General Internal Medicine, 12*(4), 237-42.

Tajima, K., & Tominaga, S. (1985). Dietary Habits and Gastro-Intestinal Cancers: A Comparative Case-Control Study of Stomach and Large Intestinal Cancers in Nagoya, Japan.

Japanese Journal of Cancer Research, 76, 705.

Takaezu, J. (1987). Learning English in Late Life. *Generations, 12*(2), 50-51.

Takaki, R. (1989). *Strangers From a Different Shore: A History of Asian Americans.* Boston, MA: Little, Brown & Company.

Takeuchi, D., Chung, R., Lin, K., Shen, H., Kurasaki, K., Chun, C., & Sue, S. (1998). Lifetime and Twelve-Month Prevalence Rates of Major Depressive Episodes and Dysthymia among Chinese Americans in Los Angeles. *American Journal of Psychiatry, 155*(10), 1407-14.

Tanjasiri, S. P., Wallace, S. P., & Shibata, K. (1995). Picture Imperfect: Hidden Problems Among Asian Pacific Islander Elderly. *Gerontologist, 35*(6), 753-760.

Task Force on Minority Issues in Gerontology. (1994). *Minority Elders: Five Goals Toward Building a Public Policy Base* . Washington, DC: Gerontological Society of America.

Team Associates. (1980). *Social/Cultural Customs: Similarities and Differences Between Vietnamese, Cambodians, H'mong, Lao* (Project materials developed by the Indochinese Mental Health Project, Bureau of Research and Training, Pennsylvania Office of Mental Health): Team Associates, Washington D.C.

The Commonwealth Fund. (1995). *National Comparative Survey of Minority Health Care* : The Commonwealth Fund.

Tien-Hyaft, J. (1986-1987). Self-Perceptions of Aging Across Cultures: Myth or Reality? *International Journal of Aging and Human Development, 27*(2), 129-148.

Tillotson, J., Kato, H., Nichaman, M., & al, e. (1973). Epidemiology of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Methodology for Comparison of Diet. *American Journal of Clinical Nutrition, 26*, 177-184.

Tirado, M. D. (1993). *Cultural Index of Accessibility to Care* : Latino Coalition for Healthy California, Public Advocates, San Francisco, CA.

Tirado, M. D. (1996). *Tools for Monitoring Cultural Competence in Health Care* (Final Report for Office of Planning & Evaluation, Health Resources & Services Administration, HHS): Latino Coalition for a Healthy California, San Francisco, CA.

Tong, A. (1991). Eating Habits of Elderly Vietnamese in the United States. *Journal of Nutrition for the Elderly, 10*(2), 35-48.

Ton-That, N. (1998). Post-Traumatic Stress Disorder in Asian Refugees. *Psychiatric and Clinical Neurosciences, Dec*(52 Suppl), S377-9.

Torres-Gil, F. (1987). Aging in an Ethnic Society: Policy Issues for Aging Among Minority Groups. In D. Gefland & C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 239-257). New York: Springer Publishing Company.

Tran, T. (1991a). Family Living Arrangement and Social Adjustment Among Three Ethnic Groups of Elderly of Indochinese Refugees. *International Journal of Aging and Human Development, 32*(2), 91-102.

Tran, T. V. (1990). Language Acculturation Among Older Vietnamese Refugee Adults. *The Gerontologist, 30*(1), 94-99.

Tran, T. V. (1991b). Adjustment of Elderly Refugees. *International Journal of Aging and Human Development, 32*(2), 92-102.

Tran, T. V. (1992). Adjustment Among Different Age and Ethnic Groups of Indochinese in the United States. *The Gerontologist, 32*(4), 508-518.

Trent, R., Mickleson, K., Yakas, J., & Hertzberg, M. (1988). Population Genetics of the Globin Genes in Polynesians. *Hemoglobin, 12*(5-6), 533-7.

True, R. H., & Guillermo, T. (1996). Asian/Pacific Islander American Women. In M. Bayne-Smith (Ed.), *Race, Gender, and Health* (pp. 94-120). Thousand Oaks, CA: Sage Publishers.

Tsai, D. T., & Lopez, R. A. (1997). The Use of Social Supports by Elderly Chinese Immigrants. *Journal of Gerontological Social Work, 29*(1), 77-93.

Tsukada, N. (1993). *The Oldest-Old in Japan: The Issue of Caregiving.* Unpublished Master's Thesis, Miami University, Oxford, OH.

Tung, C., Wu, K., & Wang, C. (1958). The Relative Incidence of Atherosclerotic Heart Disease in

East China and its Relationship to Cholesterol. *Chinese Medical Hournal, 77*, 596-602.

Turner, C., Rogers, S., Hendershot, T., Miller, H., & Thornberry, J. (1996). Improving Representation of Linguistic Minorities in Health Surveys. *Public Health Reports, 111*, 276-279.

U.S. Department of Health and Human Services Public Health Service. (1994). *Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Midcourse Revisions* (Draft for Public Review and Comment): U.S. Department of Health and Human Services, Public Health Service, Washington D.C.

Uba, L. (1992). Cultural Barriers to Health Care for Southeast Asian Refugees. *Public Health Reports, 107*(5), 544-548.

Ujimoto, V. (1987). Organizational Activities, Cultural Factors, and Well-Being of Aged Japanese Canadians. In D. Gelfand & C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 145-160). New York: Springer.

United Way of Greater Los Angeles. (1996). *Asian Pacific Profiles: Los Angeles County* . Los Angeles: United Way of Greater Los Angeles.

US Census Bureau. (1993). One if Four of Nation's Foreign Born Arrived Since 1985. *Census and You, 28*(2), 1.

Valle, R. (1981). Natural Support Systems, Minority Groups, and the Late Life Dementias: Implications for Service Delivery, Research, and Policy. In N. C. Miller, GD. (Ed.), *Clinical Aspects of Alzheimer's Disease and Senile Dementia* (pp. 277-299). New York: Raven.

Valle, R. (1989). US Ethnic Minority Group Access to Long-Term Care. In T. Schwab (Ed.), *Caring for an Aging World: International Models for Long-Term Care, Financing, and Delivery* (pp. 339-365). New York: McGraw-Hill Information Services Company.

Van Hook, J., & Bean, F. D. (1999). The growth of noncitizen SSI caseloads 1979-1996: aging versus new immigrant effects. *Journals of Gerontlogy: SOCIAL SCIENCES, 54B*(1), S16-S23.

Van Steenberg, C., Ansak, M., & Chin-Hansen, J. (1993). On Lok's Model: Managed Long-Term Care. In C. Barresi & D. E. Stull (Eds.), *Ethnic Elderly & Long Term Care* (pp. 178-190). New York: Springer Publishing Comapny.

Vandiver, V., & Keopraseuth, K. (1998). Family Wisdom and Clinical Support: Culturally Relevant Practice Strategies for Working with Indochinese Families who Care for a Relative with Menal Illness. *New Directions for Mental Health Services, Spring*(77), 75-88.

Verhoef, M. J., & Sutherland, L. R. (1995). General Practitioners' Assessment of an Interest in Alternative Medicine in Canada. *Social Science Medicine, 41*(4), 511-515.

Villa, V. M., Wallace, S. P., Moon, A., & Lubben, J. L. (1997). A Comparative Analysis of Chronic Disease Prevalence among Older Koreans and Non-Hispanic Whites. *Family & Community Health, 20*(2), 1-12.

Wada, S. (1995). The Status and Image of the Elderly in Japan; Understanding the Paternalistic Ideology. In M. Featherstone & A. Wernick (Eds.), *Images of Aging: Cultural Representations of Later Life* (pp. 48-59). London.

Wallace, P. E., Ermer, C. M., & Motshabi, D. M. (1996a). Managing Diversity: A Senior Management Perspective. *Hospital & Health Services Administration, 41*(1), 91-104.

Wallace, S. P., Villa, V., Moon, A., & Lubben, J. L. (1996b). Health Practices of Korean Elderly People: National Health Promotion Priorities and Minority Community Needs. *Family & Community Health, 19*(2), 29-42.

Wallace, S. P., & Villa, V. M. (1997). Caught in Hostile Cross-Fire: Public Policy and Minority Elderly in the United States. In K. S. Markides & M. R. Miranda (Eds.), *Minorities, Aging, and Health* (pp. 397-420). Thousand Oaks: Sage Publication Inc.

Wang, C., & Abbot, L. (1998). Development of a Community-Based Diabetes and Hypertension Preventive Program. *Public Health Nursing, 15*(6), 406-14.

Warren, R. C., Hahn, R. A., Bristow, L., & Yu, E. S. H. (1994). Editorial: The Use of Race and Ethnicity in Public Health Surveillance. *Public Health Reports, 109*(1), 4-6.

Wasnich, R., Benfante, R., Yano, K., Helibrun, L., & Vogel, J. (1983a). Thiazide Effect on the

Mineral Content of Bone. *New England Journal of Medicine, 309*(6), 344-347.

Wasnich, R., & Vogel, J. (1985). Osteoporosis Among Hawaii Japanese: A Review of the Major Findings of the Kuakini Osteoporosis Study. *Hawaii Medical Journal, 44*(8), 309-312.

Wasnich, R., Yano, K., & Vogel, J. (1983b). Postmenopausal Bone Loss at Multiple Skeletal Sites: Relationship to Estrogen Use. *Journal of Chronic Disease, 36*(11), 781-790.

Weaver, J. (1977). Personal Health Care: A Major Concern for Minority Aged. In E. Stanford (Ed.), *Comprehensive Service Delivery Systems for the Minority Aged* (pp. 41-62). San Diego: San Diego State University Center on Aging.

Weaver, J., & Constantino, J. (1976). Health Care Problems of the Elderly. In J. Quinsaat (Ed.), *Letters in Exile: An Introductory Reader on the History of Filipinos in America* (pp. 122-130). Los Angeles: University of California, Asian American Studies Center.

Weeks, J., & Cuellar, J. (1981). The Role of Family Members in the Helping Networks of Older People. *The Gerontologist, 21*, 388-394.

Weinstein-Shr, G., & Henkin, N. Z. (1991). Continuity and Change: Intergenerational Relations in Southeast Asian Refugee Families. In S. K. Pfeifer & M. B. Sussman (Eds.), *Families: Intergenerational and Generational Connections* (pp. 351-367). Binghamton, NY: Haworth Press.

Westermeyer, J. (1985). Psychiatric Diagnosis Across Cultural Boundaries. *American Journal of Psychiatry, 142*(7), 798-805.

Westermeyer, J. (1988). DSM-111 Psychiatric Disorders Among Hmong Refugees in the United States: A Point Prevalence Study. *American Journal of Psychiatry, 145*(2), 197-202.

Westermeyer, J., & Vang, T. (1983). Migration and Mental Health Among Hmong Refugees. *The Journal of Nervous and Mental Disease, 171*(2), 92-96.

Westermeyer, J., & Wintrob, R. (1979). "Folk" Explanations of Mental Illness in Rural Laos. *American Journal of Psychiatry, 136*(7), 901-905.

Whistler, W. (1991). Herbal Medicine in the Kingdom of Tonga. *Journal of Ethnopharmacology, 31*(3), 339-72.

White, G. (1982). The Role of Cultural Explanations in 'Somatization' and 'Psychologization'. *Social Science Medicine, 16*, 1519-1530.

White, L., Petrovitch, H., Ross, G., Masaki, K., Abott, R., Teng, E., Rodriguez, B., Blanchette, P., Havlik, R., Wergowske, G., Chiu, D., Foley, D., Murdaugh, C., & Curb, J. (1996). Prevalence of Dementia in Older Japanese-American Men in Hawaii: The Honolulu-Asia Aging Study. *Journal of the American Medical Association, 276*(12), 955-60.

Whittemore, A. (1989). Colorectal Cancer Incidence Among Chinese in North America and the People's Republic of China: Variation with Sex, Age and Anatomical Site. *International Journal of Epidemiology, 18*, 563-568.

Wieland, D. (1991). Elder Care in North American Isma'lli Families: A Preliminary Inquiry. *Journal of Cross-Cultural Gerontology, 6*(2), 165-172.

Williams, C. L. (1985). The Southeast Asian Refugees and Community Mental Health. *Journal of Community Psychology, 13*(July), 258-269.

Williams, D. R., Lavizzo-Mourey, R., & Warren, R. C. (1994). The Concept of Race and Health Status in America. *Public Health Reports, 109*(1), 26-41.

Williams, M. V. (1995). Inadequate Functional Health Literacy Among Patients at Two Public Hospitals. *Journal of the American Medical Association, 274*(21), 1677-1682.

Wirth, D. P. (1995). The Significance of Belief and Expectancy Within the Spiritual Healing Encounter. *Social Science Medicine, 41*(2), 249-260.

Wismer, B., Moskowitz, J., Chen, A., Kang, S., Novotny, T., Min, K., Lew, R., & Tager, I. (1998a). Mammography and Clinical Breast Examination among Korean American Women in two California Counties. *Preventive Medicine, 27*(1), 144-151.

Wismer, B., Moskowitz, J., Chen, A., Kang, S., Novotny, T., Min, K., Lew, R., & Tager, I. (1998b). Mammography and Clinical Breast Examination among Korean American Women in Two California Counties. *Preventive Medicine, 27*(1), 144-51.

Wismer, B., Moskowitz, J., Chen, A., Kang, S., Novotny, T., Min, K., Lew, R., & Tager, I.

(1998c). Rates and Independent Correlates of Pap Smear Testing among Korean-American Women. *American Journal of Public Health, 88*(4), 656-60.

Wittman, M. (1983). Preventative Mental Health Work with the Elderly: With Special Reference to Asian/Pacific Populations. *Journal of Primary Prevention, 4*(1), 54-65.

Wong, A. (1977). Self-Help for the Elderly. In E. Stanford (Ed.), *Comprehensive Service Delivery Systems for the Minority Aged* (pp. 153-158). San Diego, CA: Campanile Press.

Wong, E. (1980). Learned Helplessness: The Need for Self-Determination Among the Chinese American Elderly. *Journal of Ethnic Studies, 8*(2), 45-62.

Wong, M. (1984). Economic Survival: The Case of Asian-American Elderly. *Sociological Perspectives, 27*(2), 197-217.

Woo, J., Ho, S., Yu, L., Lau, J., & Yuen, Y. (1998). Impact of Chronic Disease on Functional Limitations in Elderly Chinese Aged 70 Years and Over: A Cross-Sectional and Longitudinal Survey. *Journals of Gerontology. Series A, Biological Sciences and Medical Sciences, 53*(2), M102-6.

Worth, R., & Kagan, A. (1970). Ascertainment of Men of Japanese Ancestry in Hawaii Through World War II Selective Service Registration. *Journal of Chronic Disease, 23*, 289-392.

Wu, A., Ziegler, R., Horn-Ross, P., Nomura, A., West, D., Kolonel, L., Rosenthal, J., Hoover, R., & Pike, M. (1996). Tofu and Risk of Breast Cancer in Asian-Americans. *Cancer Epidemiology Biomarkers Prevention, 5*(11), 901-6.

Wu, F. (1975). Mandarin Speaking Aged Chinese in the Los Angeles Area. *The Gerontologist, 15*, 271-275.

Yamamoto, J., Chen, C.-T., Leung, J., Steinberg, A., & D, F. (1984). Diagnostic Interview Schedule: Interviews of Elderly Chinese Americans. *Pacific Asian American Mental Health Research Center Research Review,, 3*(3/4), 5-7.

Yamamoto, J., Rhee, S., & Chang, D. (1994). Psychiatric Disorders Among Elderly Koreans in the United States. *Community Mental Health Journal, 30*(1), 17-27.

Yamamoto, J., Yamamoto, M., Steinberg, A., Machizawa, S., Araki, F., Reece, S., Leung, J., Chen, C.-T., Alboran, N., Cater, R., Cabrero, J., & Yap, J. (1988). Alcohol Abuse Among Elderly Asians in Los Angeles: A Pilot Study. *Pacific Asian American Mental Health Research Center Research Review, 6*(3/4), 26-27.

Yamanaka, H., & Hayashida, C. (1989). The Relegation of Long-Term Care Patients from the Hospital: The Impact of the Medical Profession, Demographic Policy, Ethnicity and Economic Survival of the Japanese Hospital of Hawaii in the 1930's. *Hawaii Medical Journal, 48.*

Yano, K., Heilbrun, L., Wasnich, R., Hankin, H., & Vogel, J. (1985a). The Relationship Between Diet and Bone Mineral Content of Multiple Skeletal Sites in Elderly Japanese-American Men and Women Living in Hawaii. *The American Journal of Clinical Nutrition, 42*, 877-888.

Yano, K., Reed, D., Curb, D., Hankin, J., & Albers, J. (1986). Biological and Dietary Correlates of Plasma Lipids and Lipoproteins Among Elderly Japanese Men in Hawaii. *Arteriosclerosis., 6*(4), 442-433.

Yano, K., Reed, D., & Kagan, A. (1985b). Coronary Heart Disease, Hypertension and Stroke Among Japanese-American Men in Hawaii: The Honolulu Heart Program. *Hawaii Medical Journal, 44*, 297-325.

Yano, K., Reed, D., & McGee, D. (1984a). Ten-Year Incidence of Coronary Heart Disease in the Honolulu Heart Program. *American Journal of Epidemiology, 119*, 653-666.

Yano, K., Rhoads, G., & Kagan, A. (1977). Coffee, Alcohol and Risk of Coronary Heart Disease Among Japanese Men Living in Hawai'i. *The New England Journal of Medicine, 297*(8), 405-409.

Yano, K., Wasnich, R., Vogel, J., & Heilbrun, L. (1984b). Bone Mineral Measurements Among Middle-Aged and Elderly Japanese Residents in Hawaii. *American Journal of Epidemiology, 119*, 751-764.

Yee, B. (1990). Gender & Family Issues in Minority Groups. *Generations, 14*(3), 39-42.

Yee, D. (1997). Can Long-Term Care Assessments be Culturally Responsive? *Generations, 21*(1,Spring), 25-29.

Yee, D. L. (1992). Health Care Access and Advocacy for Immigrant and Other Underserved Elders. *Journal of Healthcare for the Poor and Underserved, 2*(4), 448-464.

Yee, D. L. (1994a). Health Service Policies and Programs for Elders. In P. K. H. Kim (Ed.), *Services to the Aging and Aged: Public Policies and Programs* (pp. 259-82). New York: Garland Publishing.

Yee, D. L. (1994b). Will New Settings Offer Better Work Environments for Paraprofessionals? *Generations, 29*(3), 59-64.

Yee, D. L. (1998). Community Perceptions of Public and Private Responsibility in the Context of Cultural Diversity. In L. Walker, E. H. Bradley., & T.Wetle (Eds.), *Public and Private Responsibilities in Long-Term Care: Finding the Balance* . Baltimore: Johns Hopkins Press.

Yee, D. L. (1999). Preventing Chronic Illness and Disability: Asian Americans. In M. L. Wykle & A. B. Ford (Eds.), *Serving Minority Elders in the 21st Century* (pp. 37-50). New York: Springer Publishing.

Yellowitz, J., Goodman, H., & Farooq, N. (1997). Knowledge, Opinions, and Practices Related to Oral Cancer: Results of Three Elderly Racial Groups. *Special Care in Dentistry, 17*(3), 100-4.

Yeo, G. (1991). Ethnogeriatric Education: Need and Content. *Journal of Cross-Cultural Gerontology, 6*, 229-241.

Yeo, G. (1995). Ethical Considerations in Asian and Pacific Island Elders. *Ethnogeriatrics, 11*, 139-152.

Yeo, G., & Hikoyeda, N. (1992). *Cohort Analysis as a Clinical and Educational Tool in Ethnogeriatrics: Historical Profiles of Chinese, Filipino, Mexican, and African American Elders* (Paper presented at conference 12). Stanford: Stanford Geriatrics Education Center.

Ying, Y., Akutsu, P., Zhang, X., & Huang, L. (1997). Psychological Dysfunction in Southeast Asian Refugees as Mediated by Sense of Coherence. *American Journal of Community Psychology, 25*(6), 839-59.

Yip, B. (1977). Home Help Program. In E. Stanford (Ed.), *Comprehensive Service Delivery Systems for the Minority Aged* (pp. 163-169). San Diego: Campanile Press, San Diego State University.

Yip, B. (1981). Accessibility to Services for Pan-Asian Elderly: Fact or Fiction?, *Minority Aging* (Vol. 7, pp. 121-122). San Diego: The Campanile Press.

Yip, B. (1990). Impact of Mental Illness on Support Networks from a Community Based, Multi-Service Organization Perspective: The Union of Pan Asian Communities. In E. Stanford, S. Lockery, & S. Schoenrock (Eds.), *Ethnicity and Aging: Mental Health Issues* (pp. 33-39). San Diego, CA: San Diego State University, University Center on Aging.

Yoon, E., & Chien, F. (1996). Asian American and Pacific Islander Health: A Paradigm for Minority Health. *Journal of the American Medical Association, 275*(9), 736-737.

Yoshikawa, T. T. (1996). Managed Care and Capitation or Unmanaged Care and Decapitation for the Elderly? *Clinical Geriatrics, 4*(13), 15-16.

Young, J., & Gu, N. (1995). *Demographic and Socioeconomic Characteristics of Elderly Asian and Pacific Island Americans.* Seattle: National Asian Pacific Center on Aging.

Young, J., & Watanabe, D. (1994). API Aging Issues for the White House. *Asian Pacific Affairs, 3*, 1-6.

Yu, E. (1986). Health of the Chinese Elderly in America. *Research on Aging, 8*, 84-1 09.

Yu, E., & Cypress, S. (1982). Visits to Physicians by Asian/Pacific Americans. *Medical Care, 20*, 809-820.

Yu, E. S. H., & Liu, W. T. (1992). US National Health Data on Asian Americans and Pacific Islanders: A Research Agenda for the 1990s. *American Journal of Public Health, 82*, 1645-1652.

Yu, L., & Wu, S. (1985). Unemployment and Family Dynamics in Meeting the Needs of Chinese Elderly in the United States. *The Gerontologist, 25*(5), 472-476.

(1981, April 30, 1981). An Aging Work Force Strains Japan's Traditions. *Business Week*, 72-85.

(1984, August 17, 1984). The Aging of Asia. *Asiaweek*, 15-24.

(1994, Oct. 31 94). Race and IQ. *The New Republic*, All.

Reference Type: Journal Article
Author: Ablon, J
Year: 1970
Title: The Samoan Funeral in Urban America
Journal: Ethnology
Volume: 9
Pages: 209-227.
Keywords: Samoan; cultural competency
Abstract: Culturally prescribed rituals relating to death function in significant ways to serve the living. Mandelbaum (1959:215) has noted that "Rituals for death can have many uses for life. And the study of these rites can illuminate much about a culture and a society...the melancholy subject of funerals may provide one good entryway to the analysis of cultures and to the understanding of peoples." The way a Samoan community in a new urban environment deals with death points to the significance both of continuing tradition and of adaptive modifications that have developed in the urbanization of a village people.

Reference Type: Journal Article
Author: Abott, RD
Year: 1998
Title: Height as a Marker of Childhood Development and Late-Life Cognitive Function: The Honolulu-Asia Aging Study
Journal: Pediatrics
Volume: 102
Issue: 3
Pages: 602-9
Keywords: Japanese; mental health
Abstract: Growing evidence suggests that structural and functional brain reserves, thought to develop in childhood and adolescence, may be crucial in determining when cognitive impairment begins. The purpose of this report is to examine the relationship of height, as a marker of childhood development, to late-life cognitive function in a sample of elderly Japanese-American men. Efforts to improve prenatal and early life conditions to maximize growth in childhood and adolescence could diminish or delay the expression of cognitive impairments that occur later in life. Prevention of some late-life cognitive impairments may have pediatric origins.

Reference Type: Journal Article
Author: Abrantes, P.; Lewis-Hall, F.; Pitarque, A.; Marquart, K.
Year: 1994
Title: Impact of Race and Culture on Adolescent Girls: Four Perspectives
Journal: Womens Health Issues
Volume: 4
Issue: 2
Pages: 85-91
Keywords: cultural competency
Abstract: Four personal perspectives from the Asian and Pacific Islander Community, African American Community, Latino Community, and the Native American Community.

Reference Type: Conference Proceedings
Author: Administration on Aging
Year: 1995

Title: Summary Report
Conference Name: Aging and Housing Linkages Conference
Publisher: Department of Health & Human Services
Conference Location: Baltimore, MD
Pages: 1-33
Keywords: community services; other (policy)
Abstract: The conference brought together over 250 Department of Housing and Urban Development (HUD) supported housing service coordinators and staff from State and Area Agencies on Aging. Through this conference, and hopefully others like it, we hope to strengthen the relationship between housing and aging networks. Our goals are to increase resident access to needed community services and promote a better quality of life for our respective customers and tenants of federally assisted housing.

Reference Type: Report
Author: Aging and Adult Services Administration
Year: n.d.
Title: Minority Elderly Technical Assistance Guide
Institution: Aging and Adult Services Administration, State of Washington
Keywords: API; community services; cultural competency
Abstract: Describes successful effort among aging services network administrators and area agencies on aging to reach underserved "target" populations, including API elders.

Reference Type: Edited Book
Editor: Aguilar San-Juan, K
Year: 1993
Title: Asian American Activists
Publisher: Southend Press
City: Boston, MA
Keywords: API; immigration/refugees; community services; family
Abstract: Chapters present commentary and personal accounts of life in the U.S. through diverse API perspectives. Included are accounts of community "struggles" with local government and service systems to enlarge visibility and effectiveness of community leaders to get a larger share of public program resources, to get fair consideration for legal and other grievances, and to gain control over the quality of their lives.

Reference Type: Journal Article
Author: Akazaki, K; Stemmermann, G.H.
Year: 1973
Title: Comparative Study of Latent Carcinoma of the Prostate Among Japanese in Japan and Hawaii
Journal: Journal of the National Cancer Institute
Volume: 50
Pages: 1137-1144
Keywords: Japanese; international; disease
Abstract: The age-adjusted mortality rates from cancer of the prostate among Japanese in Hawaii are more closely aligned to the high rates of U.S. whites than to the low rates of native Japanese. As the first step toward clarification of the underlying causes for this increase, latent carcinoma of the prostate in Hawaiian Japanese and native Japanese was studied with special reference to its prevalence and histologic features. We examined 239 prostates of native Japanese and 158 U.S. Japanese in Hawaii, which were removed at autopsy from males over 50 years old. Special attention was paid to comparability of examination methods and histologic

diagnoses. The age-adjusted prevalence of latent cancer of the prostate did not differ significantly between native and Hawaiian Japanese. Nevertheless, in Hawaiian Japanese, latent cancer tended to proliferate and invade, and the prevalence of the proliferative type of latent carcinoma was higher in the migrant group. Factors that promote the growth of cancer cells appeared more effective in Hawaiian Japanese than in those who always lived in Japan. Environmental factors were suggested as the probable cause for this difference.

Reference Type: Book
Author: Allen, J.P.; Turner, E.
Year: 1997
Title: The Ethnic Quilt: Population diversty in southern California
Publisher: Center for Geographical Studies, California State University
City: Northridge CA
Number of Pages: 282
Keywords: API, demography
Abstract: Analyzes 1990 Census data using 3 dimensions: ethnic identity, socioeconomic status, and geographical distribution. The book describes characteristics for each dimension using census data and discusses how they intersect/interrelate with each other. The idea of spatial patterns and their impact on social and economic and political phenomena is forwarded. Maps with density of populations are used effectively to the tell the story and raise questions for 34 ethnic groups historically as well as geographically, by occupations & industries and ethnic specializations. APIs included Chinese, Japanese, Filipino, Korean, Asian Indian, Pakistani, Vietnamese, Cambodian, Laotian, Thai, Indonesian, Samoan, Hawaian, and Guamanian

Reference Type: Report
Author: Alu_Like
Year: 1980
Title: A Comparative Study of Native Hawaiian Elderly with Non-Hawaiian Elderly, 1976-1977
Institution: Research & Statistics Office, Alu Like, Inc.
Keywords: demography, other (research); Hawaiian
Abstract: Describes populations characteristics for native Hawaiians.

Reference Type: Report
Author: Alu_Like
Year: 1987
Title: Characteristics and Health Status of Individuals Age Sixty and Over Compared with the Total Population in Hawaii. 1984
Institution: Alu Like, Inc
Keywords: health status; Hawaiian; demography
Abstract: Describes native Hawaiian elders in the state of Hawaii.

Reference Type: Journal Article
Author: Alver, B.G.
Year: 1995
Title: The Bearing of Folk Belief on Cure and Healing
Journal: Journal of Folklore Research
Volume: 32
Issue: 1
Pages: 21-33
Keywords: cultural competency
Abstract: Folklorists focus on "the individual human being's ability to create a personally

meaningful and culturally acceptable existence, based on knowledge about one's own culture." Qualitative methods used of interviewing and observation are the tools of documentation. The methods emphasize nearness to and penetration into the life of the individual studied and the social setting of the research. "These methods stress the descriptive, the nuanced, and the diversified features of the subject studied and are directed more toward understanding than explanation." (p22-23)

Reference Type: Book
Author: Alzheimer's Disease and Related Disorders Association Inc.
Year: 1994
Title: Multicultural Outreach Program Manual
Publisher: Alzheimer's Association
City: Chicago, IL
Keywords: cultural competency; community services; other (training)
Abstract: This detailed manual was developed to help chapters of the Alzheimer's Association develop programatic outreach strategies to local multicultural populations

Reference Type: Magazine Article
Author: American Association of Retired Persons
Year: 1991
Title: Health Care Needs of Minority Elderly
Magazine: Caring Magazine
Issue Number: May
Pages: 58-61
Keywords: demography; community services
Abstract: Minority older people are among the fastest growing of the aging populations, and health care planners must be more cognizant of their needs and practices.

Reference Type: Report
Author: American Association of Retired Persons
Year: 1996
Title: Applied Research on Health and Ethnicity: Asian and Asian American Elderly
Institution: American Association of Retired Persons: Minority Affairs - Special Activities Department
Keywords: API; other (bibliography)
Abstract: Annotated bibliographies on issues of concern to the nation's ethnic minority older populations: (1) health; (2) income security and (3) housing.

Reference Type: Report
Author: American Association of Retired Persons
Year: 1997
Title: Global Aging Report
Institution: American Association of Retired Persons
Date: May/June 1997
Report Number: 2, #3
Keywords: demography
Abstract: Chartbook on global aging.

Reference Type: Report
Author: American Society on Aging
Year: 1992

Title: Serving Elders of Color: Challenges to Providers and the Aging Network
Institution: American Society on Aging
Date: June
Keywords: cultural competency; community services
Abstract: Provides a concise overview of the demographic and social trends affecting elders of color, their role as a resource in their communities and the problems and barriers they face.

Reference Type: Newspaper Article
Reporter: Anderson, D.
Year: 1998
Title: Judge Tosses Out Anti-Immigrant Law
Newspaper: The Associated Press
Date: March 18
Keywords: immigration/refugee
Abstract: California's voter-approved law denying education, social services and some health benefits to illegal immigrants is completely unconstitutional, a federal judge said in a ruling

Reference Type: Journal Article
Author: Araki, S;; Murata, K
Year: 1986
Title: Social Life Factors Affecting the Mortality of Total Japanese Population
Journal: Social Science and Medicine
Volume: 23
Pages: 1163-1169
Keywords: Japanese; international; health status
Abstract: The effects of a wide variety of social life factors on the mortality of total Japanese population in 46 prefectures were analyzed by stepwise regression analysis twice at a 5-year interval. Age-adjusted all-causes mortality and age-adjusted cause-specific mortality from 14 major causes of death were examined. The results indicated that rural residence was the key factor affecting the mortality of total male and female populations; low income, together with old and young age groups, was another important factor for the mortality of the male population. International differences in the effects of urbanization on mortality rates are discussed in light of these findings.

Reference Type: Book
Author: Ariyoshi, S.
Year: 1978
Title: The Doctor's Wife
Publisher: Kodansha America
City: Japan
Number of Pages: 217
Translator: Hironaka, W.
Kostant, A.S.
Keywords: Japanese; international; community services; cultural competency
Abstract: Novel about a woman caring for in-laws who need chronic care. Set in modern Tokyo it provides a dramatic description of the challenges for family members and insight into how a Japanese in Japan thinks about these challenges but may behave in ways that do not directly communicate her feelings and thoughts.

Reference Type: Journal Article
Author: Arkoff, A

Year: 1959
Title: Need Patterns in Two Generations of Japanese Americans in Hawaii.
Journal: Journal of Social Psychology
Volume: 50
Pages: 75-79
Keywords: Japanese; family; health status; mental health
Abstract: A number of investigators have been interested in the description and measurement of personality patterns in Hawaii's Japanese (Bitner, 1954; Linderfelt, 1949; Porteus and Babcock, 1926; Smith, 1938a; Smith, 1938b). Furthermore, it has been shown that a fairly strong stereotype exists concerning this group (Vinacke, 1949). But to current observers of the Hawaiian scene, Hawaii's Japanese appear to be undergoing rapid acculturation. The purpose of the present investigation was to measure personality needs in two generations of Japanese Americans, contrasting the generations with each other and with an American normative group.

Reference Type: Journal Article
Author: Armstrong, L; Chock, C
Year: 1987
Title: An Alternative Approach to Care for the Frail, Vulnerable Elderly in Hawaii
Journal: Hawaii Medical Journal.
Volume: 46
Issue: 11
Pages: 428-431
Keywords: family; community services
Abstract: The Case Management Coordination Program (CMCP) under the Public Health Nursing Branch of the Hawaii Sate Department of Health, initiated as a model in 1982, as an alternative approach to the delivery of services to the frail elderly with long-term care needs. Its major focus is to prevent unneccessary institutionalization and fragmentation of services by means of a continuum-of-care, to ensure that elderly could maximize their level of independence, minimize their disabilities, and live up to a defined optimum quality of life in dignity and respect.

Reference Type: Report
Author: Asian & Pacific Islander Center for Census Information and Services
Year: 1992
Title: Our Ten Years of Growth: A Demographic Analysis on Asian and Pacific Islander Americans
Institution: Asian/Pacific Islander Data Consortium, San Francisco CA.
Keywords: API; demography
Abstract: Following the 1990 census, the Bureau of the Census, U.S. Department of Commerce, recognized the need for more analyses and better dissemination of the wealth of information the Census Bureau collects about particular groups within the total population of the United States. This report focuses on the fast growing Asian Pacific Islander population.

Reference Type: Journal Article
Author: Asian American and Pacific Islander Journal of Health
Year: 1997
Title: Complete Issue
Journal: Asian American and Pacific Islander Journal of Health
Volume: 5
Issue: 2
Pages: All
Keywords: API; health status; other (policy)

Abstract: This issue is dedicated to four themes: (1) celebrating the historical appointment of Howard Kyongju Koh, M.D., M.P.H. as the first Asian American/Pacific Islander to be the Commissioner of Public Health for the Commonwealth of Massachusetts, which is possibly the oldest public health department in the Nation's history; (2) a reporting of the *Healthy People 2000* Progress Review that occurred in September, 1997; (3) reports from the Federal health agencies with respect to their responses to *Recommendations for Improving the Health of Asian Americans and Pacific Islanders;* and (4) news of the U.S. Department of Health and Human Services first-time ever Departmental Initiative targeted at Asian Americans and Pacific Islanders (AAPIs).

Reference Type: Edited Book
Editor: Asian American Community Mental Health Training Center
Year: 1983
Title: Bridging Cultures: Southeast Asian Refugees in America
Publisher: Special Services for Groups, Inc.
City: Los Angeles, CA
Number of Pages: 298
Keywords: SE Asians, immigration/refugee; cultural competency; community services
Abstract: Describes life experiences of immigrant and refugee populations from Southeast Asia and discusses their challenges in accessing services and the challenge to mental health and other service providers to provide care.

Reference Type: Report
Author: Asian American Task Force on the Aging
Year: 1996
Title: Human Services for the Asian American Elderly
Institution: Asian American Federation of New York
Keywords: API; demography; community services
Abstract: Study examines human services provided in New York City to Asian American elders in the context of demographic data: what services do Asian American elders use? What are their service needs? What is the status of provider agencies? What delivery, access, utilization barriers exist? Surveyed were Asian American senior programs and mainstream agencies in NYC. Key informant interviews with providers to Indian American and Filipino American elders are also described. Findings and recommendations focus on communities that are underserved, particularly due to the lack of service availability and access.

Reference Type: Edited Book
Editor: Asian Women United of California
Year: 1989
Title: Making Waves: An Anthology of Writings By and About Asian American Women
Publisher: Beacon Press
City: Boston, MA
Number of Pages: 481
Keywords: API, cultural competency; family/caregiving/intergenerational; immigration/refugee
Abstract: Chapters are descriptions, personal accounts and commentary on the experiences of a diverse collection of API women (immigrant and native born). This book has been used as a text in many courses that introduce Asian American writers and experiences to students.

Reference Type: Journal Article
Author: Bailey, S; Bennett, P; Hicks, J; Kemp, C; Warren, SH
Year: 1996

Title: Cancer Detection Activities Coordinated by Nursing Students in Community Health
Journal: Cancer Nursing
Volume: 19
Issue: 5
Pages: 348-52
Keywords: Cambodian; Laotian; health promotion/disease prevention; cultural competency
Abstract: This article describes ongoing cancer screening in a low-income and ethnically diverse community (primarily Southeast Asian and Hispanic). The article provides some of the first data on cancer screening for low-income Cambodian and Laotian women in the United States. It also shows how ongoing cancer screening and prevention services can be provided to populations that have not been successfully reached through usual means, e.g., referral by nurse practitioner, physician, and electronic or print media. Specific means of overcoming barriers to screening, prevention, and learning are described in detail.

Reference Type: Conference Proceedings
Author: Baker, F.M.; Moreno, C.; Sangalang, J.C.; Lum, O.
Year: 1991
Title: Differential Assesment and Treatment of Mental Health Problems: African American, Latino, Filipino, and Chinese American Elders
Conference Name: Ethnicity: Impact on Mental Health Care for Older Adults
Editor: Yeo, G.; Hikoyeda, N.
Publisher: Stanford Geriatric Center
Conference Location: Foster City, CA
Pages: 56
Series Editor: Center, Stanford Geriatric
Series Title: SGEC Working Paper Series
Edition: 13
Keywords: Chinese; Filipino; mental health
Abstract: The Stanford Geriatric Education Center (SGEC) and the cosponsors of the conference, "Ethnicity: Impact on Mental Health Care for Older Adults" is pleased to publish this portion of the proceedings of the conference, as requested by participants. These presentatons by four psychiatrists with expertise in both geriatrics and care for elders from their own ethnic backgrounds formed the basic content of the two-day program, which focused on mental health issues among African American, Latino American, Chinese American, and Filipino American elders. In this volume the assessment and treatment of issues are combined into one paper focusing on each of the older ethnic populations. One other part of the proceedings of the conference is also available through the SGEC Working Paper Series; that is the presentation "Historical Profiles of African American, Latino, Filipino, and Chinese Elders in the U.S.

Reference Type: Journal Article
Author: Baker, F.M.
Year: 1992
Title: Ethnic Minority Elders: A Mental Health Research Agenda
Journal: Hospital and Community Psychiatry
Volume: 43
Issue: 4
Pages: 337-338, 342
Keywords: mental health; health status; cultural competency
Abstract: To better understand the presentation of psychiatric disorders across cultures and the varied reactions of ethnic minority patients to standard treatments, practitioners need to know more about the health and mental health problems of ethnic elders. This column summarizes

issues affecting the mental health of elderly people in ethnic minority groups and suggests areas for further research.

Reference Type: Journal Article
Author: Barker, JC
Year: 1991
Title: Pacific Island Migrants in the United States: Some Implications for Aging Services
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Issue: 2
Pages: 173-192
Keywords: Samoan; Fijian; Tongan; demography; cultural competency; immigration/refugee; community services
Abstract: Over the last 20 years, the United States has become a focus of Pacific Island migration. A demographic profile of migrants (according to the latest available figures, those from the 1980 Census) is presented along with reasons for migration. This is followed by an account of the typical social organization of a Samoan migrant community. Clashes that sometimes arise between core Samoan and American values are explored. Ethnic identity is shown to be both a strength and a stressor in Samoan migrant adaptation. Complex but ever changing links between the migrant population and home island residents are investigated. Implications for service delivery to an anging population of Pacific Islanders are discussed.

Reference Type: Journal Article
Author: Barker, J.C.
Year: 1992
Title: Cultural Diversity -- Changing the Context of Medical Practice
Journal: Western Journal of Medicine
Volume: Sep
Issue: 157
Pages: 248-254
Keywords: cultural competency; medical services
Abstract: This issue describes the special needs of immigrants and indigenous groups in the United States today and ways that clinical medicine and social sciences can combine to address these needs.

Reference Type: Book
Author: Barnett, HG
Year: 1960
Title: Being a Palauan
Publisher: Holt, Reinhart, and Winston, Inc
City: New York
Number of Pages: 87
Keywords: Palauan; Pacific Islanders; international; family/caregiving/intergenerational
Abstract: Through the author's inductive approach - a particularly appropriate one for a culture case study - Palauan life and behavior, and the reasons behind that behavior, unfold before the reader. Besides furnishing an inductive analysis of life on Palau in the present, Dr. Barnett puts that present into perspective on the basis of the past. The effects of successive domination by the Japanese, the Germans, and the Americans, of new economic wants created by Western goods, are described. Indeed, past and present are woven together so skillfully by the author that the reader, without being presented with a highly formal analysis, is led to a clear conception of important processes of culture change.

Reference Type: Book Section
Author: Barresi, C. M.
Year: 1987
Title: Ethnic Aging and the Life Course
Book Title: Ethnic Dimensions of Aging
Editor: Gefland, D.E.; Barresi, C.M.
Publisher: Springer Publishing Company, Inc.
City: New York
Pages: 18-34
Keywords: cultural competency; other
Abstract: The chapter explores the implications of the life-course perspective as applied to the process of social aging in ethnic groups. After a brief review and description of the life-course approach, the remainder of the chapter examines the specific applications and effects that stem from the progressive movement through successive roles and statuses accompanying ethnicity and aging.

Reference Type: Journal Article
Author: Barron, ML
Year: 1953
Title: Minority Group Characteristics of the Aged in American Society.
Journal: Journal of Gerontology
Volume: 8
Pages: 477-482
Keywords: demography; other (gerontological theory)
Abstract: For the most part sociologic research on the aged has lacked a theoretic framework. In an earlier article one possible framework was offered with special reference to the problem of occupational retirement. Another possibility is now suggested, namely, the study and analysis of the aged in American society as an emerging quasi-minority group. An attempt will be made to demonstrate that the social psychology of older people in the labor force as well as the restraints (and to a large extent the situation of the aged as a whole in urban, industrial society) resembles that of the ethnic groups with which the concept of minority is usually associated. To regard the aged as an emerging quasi-minority group many not only contribute to the understanding of the aged, but new insights for the fruitful examination of the traditional minorities may emerge in the process.

Reference Type: Journal Article
Author: Bassett, DR; Schroffner, WG
Year: 1970
Title: Coronary Heart Disease in Chinese Men in Hawaii
Journal: Archives of Internal Medicine
Volume: 125
Pages: 478-486
Keywords: Chinese; Japanese; disease
Abstract: Coronary heart disease (CHD) death rates during the period 1949 to 1956 were higher for Chinese men than for Japanese men living in Hawaii. Chinese men had thicker triceps and subscapular skinfolds, and engaged in less physical activity than did the Japanese men. The serum cholesterol level of the Chinese population control groups was higher ($P<0.05$) than that of the Japanese population control groups. However, the Chinese were not more overweight (by height-weight indices) or more hypertensive than the Japanese; their cigarette-smoking history was less. "Nonoverweight adiposity" (relatively mild degrees of excess adiposity as can be

determined by skinfold measuremetns in the absence of significant "overweight") in combination with diminished physical activity may be related to higher CHD mortality in Chinese men as compared with Japanese men in Hawaii.

Reference Type: Report
Author: Batalden, PB
Year: 1973
Title: Home Health in Chinatown
Institution: Health Services Administration, Bureau of Community Health Services
Report Number: DHEW Pub No HSA 73-6408
Keywords: Chinese; community services; cultural competency; health status
Abstract: The successful effort of the San Francisco Home Health Service, which brought much needed homemaker-home health aide services to hundreds of elderly people in San Francisco's Chinatown area, is an inspiring example of what can be accomplished in the health care delivery field when local initiative and professional expertise are combined with strong community support.

Reference Type: Report
Author: Batts, V.A.
Year: 1989
Title: Modern Racism: New Melody for the Same Old Tunes
Institution: VISIONS, Inc
Date: January
Keywords: cultural competency
Abstract: Outlines a rationale for understanding how modern racism differs from old fashion racism. Provides many examples of behaviors that underscore the ways that individual attitudes and behaviors result in interpersonal, organizational and cultural 'isms' where one person or population is 'less than' another. Suggests several ways to engage in dialogue and begin working toward multicultural environments that address the effects and prevalence of modern racism.

Reference Type: Journal Article
Author: Becker, G; Beyene, Y; Newsom, EM; Rodgers, DV
Year: 1998
Title: Knowledge and Care of Chronic Illness in Three Ethnic Minority Groups
Journal: Family Medicine
Volume: 30
Issue: 3
Pages: 173-8
Keywords: Filipino; health status; medical services; cultural competency
Abstract: Despite advances in medical approaches to the management of chronic illnesses, relatively little is known about how older members of ethnic minority groups view their chronic illnesses or how they manage them in daily life. We recruited 35 African-Americans, 61 Latinos, and 55 Filipino-Americans, all over age 50. Criteria for entry into the study was the presence of one or more chronic illnesses. Findings are based on structured and semi-structured questions in one in-depth interview. Qualitative data on transcribed interviews with 151 respondents was analyzed. Comparison of the three groups revealed social and cultural differences and similarities that affected the management of chronic illness. The extent to which respondents demonstrated an understanding of their illnesses as chronic varied considerably, with discernible differences among groups about knowledge of illness and self-care practices. Our findings showed that although major chronic illnesses were, for the most part, the same for all three groups, each group differed in its response to and management of its illnesses. These findings have implications for the education of physicians in training.

Reference Type: Journal Article
Author: Beiser, M
Year: 1988
Title: Influences of Time, Ethnicity, and Attatchment on Depression in Southeast Asian Refugees
Journal: American Journal of Psychiatry
Volume: 145
Pages: 46-51
Alternate Journal: American Journal of Psychiatry, 145
Keywords: SE Asian; international; mental health; immigration/refugee; community services
Abstract: The author reports on a study investigating the question of whether certain phases of resettlement are accompanied by an elevated risk for depression in Southeast Asian refugees in Canada. In general, the longer the Southeast Asian refugees remained in Canada, the better their mental health. However, unmarried or otherwise unattatched Laotians and Vietnamese refugees experienced high levels of depression 10-12 months after arrival. Two years after the initial investigation, this group, disadvantaged by a lack of social resources, continued to be more depressed than other refugees.

Reference Type: Book
Author: Bell, D; Kasschau, P; Zellman, G
Year: 1976
Title: Delivering Services to Elderly Members of Minority Groups: A Critical Review of the Literature
Publisher: Rand Corporation
City: Santa Monica, CA
Keywords: API; health status; community services; immigration/refugee; demography; other
Abstract: This review of the available literature on Asian and Pacific Americans was undertaken with the specific goal of learning what is known and what needs to be known about the unique life circumstances of Asian and Pacific American elderly as an aid to policy-makers and policy administrators in improving the delivery of public services to this group. Findings pointed to the severe limitation of data and need to rely on community-specific information about underserved populations.

Reference Type: Journal Article
Author: Bell, C.C.
Year: 1994
Title: Race as a Variable in Research: Being Specific and Fair
Journal: Hospital and Community Psychiatry
Volume: 45
Issue: 1
Pages: 5
Keywords: mental health; other (research)
Abstract: Older black Americans are increasingly seen in mental health settings, although prevalence rates of many psychological disorders in this group are unknown because black Americans are underrepresented in epidemiological studies. Improved treatment of this population requires an understanding of the biopsychosocial context of their lives, including historical events that have affected them and the influence of African values emphasizing community and family. Risk factors for mental disorders among older black Americans include multiple medical problems and resulting polypharmacy as well as stressors such as living in high-crime areas. The author suggests using a reminiscence approach in initial interviews to learn the elder's personal history and to identify his/her coping capacities and important relationships and resources. Group psychotherapy can be effective with other elderly persons. Pharmacologic

interventions should be used cautiously.

Reference Type: Report
Author: Belsky, JL; A, Kagan; Syme, SL
Year: 1975
Title: Epidemiological Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Research Plan
Institution: Atomic Bomb Casualty Commission
Keywords: Japanese; international; medical services
Abstract: Atomic Bomb Casualty Commission Technical Report, Hiroshima, Japan.

Reference Type: Journal Article
Author: Benfante, R; Reed, D; Brody, J
Year: 1985
Title: Biological and Social Predictors of Health in an Aging Cohort
Journal: Journal of Chronic Disease
Volume: 38
Issue: 5
Pages: 385-395
Keywords: Japanese; disease; health status
Abstract: A cohort of over 5,000 men of Japanese ancestry, aged 46-69 and free of chronic disease at entry examination were studied for factors associated with remaining free of major chronic diseases during a 12 year followup period. Over 1,600 disease-free men were compared with 3,400 individuals who developed coronary heart disease (CHD), stroke, cancer or a variety of other conditions. From more than 30 variables examined in multivariate analyses, blood pressure, obesity, cigarette smoking, alcohol consumption, serum glucose, uric acid and triglyceride, were inversely associated with staying healthy while forced vital capcity and years spent in Japan were directly associated with health. Of these nine variables, blood pressure was the strongest discriminator between healthy status and all categories of disease, while cigarette smoking and alcohol consumption were the next most important factors. This study suggests that the use of individuals who remain free of disease as a "standard" for health can facilitate the evaluation of risk factors for both total illness and a broad range of specific chronic diseases in a single population.

Reference Type: Journal Article
Author: Benfante, R.J.; Reed, D.M.; MacLean, C.J.; Yano, K.
Year: 1989
Title: Risk Factors in Middle Age that Predict Early and Late Onset of Coronary Heart Disease
Journal: Journal of Clinical Epidemiology
Volume: 42
Issue: 2
Pages: 95-104
Keywords: Japanese; disease
Abstract: Twelve biological and lifestyle characteristics measured in a group of 5,919 middle aged men free of clinical coronary heart disease (CHD), stroke and cancer were analyzed for differences in predicting early and late onset of new cases of definite CHD (non-fatal myocardial infarction and fatal CHD) over a 12-year follow up period. Among these men, 151 cases of definite CHD occurred early (under age 60) and 135 cases occurred later in life (age 60 and over). Serum triglyceride was the only risk factor that was an independent predictor of early onset disease and not of late onset disease. While cigarette smoking was a predictor for both onset groups, the effect of smoking was greater in people who developed CHD earlier in life. Systolic blood pressure, alcohol intake, serum cholesterol and serum glucose were independent

predictors for both onset groups, with no difference in effect between groups. The findings indicate that it is possible for some factors to affect CHD risk differently in terms of premature vs delayed onset of disease. The findings for serum triglyceride may account for some of the inconsistencies in reports regarding it as an independent risk factor for CHD. In general, however, most of the characteristics studied here had a similar effect on both early and late onset and thus remain important in the prevention of both premature and late onset of CHD.

Reference Type: Journal Article
Author: Bengston, VL; Dowd, JJ; Smith, DH; & Ikeles, A
Year: 1975
Title: Modernization, Modernity, and Perceptions of Aging: A Cross-Cultural Study
Journal: Journal of Gerontology
Volume: 30
Pages: 688-695
Alternate Journal: Journal of Gerontology, 30
Keywords: international; other (modernization)
Abstract: Data from a comparative study of 5,450 young males in six developing nations were used to investigate the association between modernization or modernity and negative attitudes toward aging. The findings question the frequent assertion that "modernity" (the exposure of individuals in developing nations to industrial technology and urban social experience) results in negative perceptions of aging and diminished value attributed to the aged. The data does provide support for the hypothesis that "modernization" (societal development) is related to negative perceptions of aging. Results suggest that necessity of differentiating between "modernization" and "modernity" as levels of analysis and of avoiding value-laden assumptions concerning advantages of either traditional or industrial social settings with respect to the position of elders.

Reference Type: Book Section
Author: Bengtston, V.L.
Year: 1979
Title: Ethnicity and Aging: Problems and Issues in Current Social Science Inquiry.
Book Title: Ethnicity and Aging: Theory, Research, and Policy
Editor: Gelfand, DE; Kutzik, AJ
Publisher: Springer Publishing Company
City: New York
Pages: 9-31
Keywords: cultural competency; other (research)
Abstract: The analysis of social organization begins, as Durkheim long ago observed, with examining distinctions in social life which give rise to the formation of groups. How groups composing the society are defined and the ways in which those groups relate to each other are questions of social differentiation. This chapter explores two dimensions of social differentiation, ethnicity and age, in terms of some emerging problems and topics reflected in current social science literature.

Reference Type: Journal Article
Author: Bennett, CG; Tokuyama, GH; McBride, TC
Year: 1962
Title: Cardiovascular Renal Mortality in Hawaii
Journal: American Journal of Public Health
Volume: 52
Pages: 1418-1431

Alternate Journal: American Journal of Public Health, 52
Keywords: API; disease
Abstract: A study of differential cardiovascular-renal death rates for Hawaii showed much higher rates for the Polynesian segment of the population. General age-adjusted rates were lower for men and slightly higher for women than for the mainland United States. Other findings are presented and their possible significance discussed.

Reference Type: Journal Article
Author: Bennett, CG; Tokuyama, GH ; Bruyere, RP
Year: 1963
Title: Health of Japanese American in Hawaii
Journal: Public Health Reports
Volume: 78
Issue: 9
Pages: 753-762
Alternate Journal: Public Health Reports
Keywords: health status; Japanese; Hawaiian; Filipino; Chinese
Abstract: In the Hawaii Health Survey, the household interviews of the National Health Survey program were extended to the island of Oahu for 1 year. Oahu contains about 80 percent of the State's population and constitutes the Honolulu Standard Metropolitan Statistical Area. The survey was conducted from October 1958 through September 1959. It was a cooperative undertaking of the Hawaii State Department of Health, the Oahu Health Council, and the National Health Survey program of the Public Health Service. Various local organizations and business concerns contributed part of the funds necessary to carry out the project. As on the mainland, the Bureau of the Census selected a sample of households and directed field operations. All instructions to personnel and procedures were identical with those used in the national survey, and the questionnaire, except for minor changes was the same. The survey included only the civilian non-institutional population. Further details concerning the Oahu survey and selected results can be found in National Health Survey report No. 3, series C, entitled "The Hawaii Health Survey."

Reference Type: Report
Author: Benson, W.F.
Year: 1997
Title: OAA Nutrition Programs Silver Anniversary Awards
Institution: Administration on Aging
Date: October
Keywords: community services
Abstract: Lists best practices nominated by AoA regions nationally.

Reference Type: Journal Article
Author: Bensoussan, A; Talley, NJ; Hing, M; Menzies, R; Guo, A; Ngu, M
Year: 1998
Title: Treatment of Irritable Bowel Syndrome with Chinese Herbal Medicine: A Randomized Controlled Trial
Journal: Journal of the American Medical Association
Volume: 280
Issue: 18
Pages: 1585-9
Keywords: Chinese; alternative medicine
Abstract: Irritable bowel syndrome (IBS) is a common functional bowel disorder for which there

is no reliable medical treatment. This study was designed to determine whether Chinese herbal medicine (CHM) is of any benefit in the treatment of IBS by using randomized, double-blind, placebo-controlled trial conducted during 1996 through 1997. Compared with patients in the placebo group, patients in the active treatment groups (standard and individualized CHM) had significant improvement in bowel symptom scores as rated by patients (P=.03) and by gastroenterologists (P=.01), and significant global improvement as rated by patients (P=.07) and by gastroenterologists (P=.02). Patients reported that treatment significantly reduced the degree of interference with life caused by IBS symptoms (P=.03). Chinese herbal formulations individually tailored to the patient proved no more effective than standard CHM treatment. On follow-up 14 weeks after completion of treatment, only the individualized CHM treatment group maintained improvement. Chinese herbal formulations appear to offer improvement in symptoms for some patients with IBS.

Reference Type: Journal Article
Author: Berlin, E.A.; Fowkes, W.C.
Year: 1983
Title: A Teaching Framework for Cross-Cultural Health Care - Application in Family Practice
Journal: Western Journal of Medicine
Volume: 139
Issue: December
Pages: 934-938
Keywords: cultural competency; other (training)
Abstract: Building on methods of elicitation suggested in the literature, we have developed a set of guidelines within a framework called the LEARN model: Listen with sympathy and understanding to the patient's perception of the problem, Explain your perceptions of the problem, Acknowledge and discuss the differences and similarities, Recommend treatment, and Negotiate agreement.
"The emphasis of this teaching model is not on the dissemination of particular cultural information, though this too is helpful. The primary focus is rather on a suggested process for improved communication, which we see as the fundamental need in cross-cultural patient-physician interactions."

Reference Type: Journal Article
Author: Bernard, MA; Lampley-Dallas, V; Smith, L
Year: 1997
Title: Common Health Problems Among Minority Elders.
Journal: Journal of the American Dietetic Association
Volume: 97
Issue: 7
Pages: 771-6
Keywords: API; health status
Abstract: This article reviews the primary health problems of African-American, Hispanic-American, Asian/Pacific Islander-American, and Native-American elders. The goal is to familiarize practicing dietitians with the differences in longevity, disease spectrum, and functional status (where data are available) for each of these ethnic groups. These data should be of assistance in making decisions regarding dietary counseling for ethnic elders. It is acknowledged that most data accumulated according to race do not accurately measure ethnicity. The degree of acculturation may vary widely among individuals. Therefore, it is recommended that dietitians solicit clients' perceptions of the factors that may contribute to illness and the barriers to implementing recommended remedies.

Reference Type: Journal Article

Author: Bernstein, L; Miu, A; Monroe, K; Henderson, BE; Ross, RK
Year: 1995
Title: Cancer Incidence Among Filipinos in Los Angeles County, 1972-1991
Journal: International Journal of Cancer
Volume: 63
Issue: 3
Pages: 345-8
Keywords: Filipino; disease
Abstract: Although Filipinos are the second largest Asian subgroup in the United States, little is known about their patterns of cancer incidence. We have examined cancer incidence rates among Filipinos living in Los Angeles County from 1972 through 1991 and evaluated their risk of non-localized cancer relative to non-Hispanic whites. Although Filipinos have substantially lower cancer rates than non-Hispanic whites in Los Angeles County, their incidence rates of liver cancer, cancer of the nasopharynx and thyroid cancer are higher. Filipino men and women had somewhat more advanced cancer at diagnosis, on average, than non-Hispanic whites, though no statistically significant differences were observed for sites where early detection methods exist. Our data suggest that Filipino-Americans would benefit from increased screening for cervical and breast cancer as well as efforts to interrupt transmission of hepatitis B virus to reduce liver cancer incidence.

Reference Type: Newspaper Article
Reporter: Berselli, B.
Year: 1998
Title: American Whole Health Clinics Mix Conventional, Alternative Treatments
Newspaper: Washington Post
City: Washington DC
Pages: D1,D5
Date: May 5, 1998
Keywords: alternative medicine; other (health financing)
Abstract: Reviews literature on integrative medicine/alternative medicine/complementary medicine. Discusses costs and the extent to which insurance policies cover these treatments.

Reference Type: Book Section
Author: Bessent, TE
Year: 1958
Title: An Aging Issei Anticipates Rejection
Book Title: Clinical Studies in Culture Conflict
Editor: Seward, GH
Publisher: The Ronald Press Co.
City: New York
Pages: 317-334
Keywords: Japanese; mental health; cultural competency
Abstract: The story of an issei male.

Reference Type: Newspaper Article
Reporter: Biddle, F.M.
Year: 1991
Title: English Language Bill Called Racist: Critic Slams it as 'unwelcoming' to Immigrants of Color
Newspaper: The Globe
City: Boston, MA
Date: 4/2/91

Keywords: immigration/refugee; other (policy)
Abstract: Describes proposed legislation to establish English as the official language in several communities around the country.

Reference Type: Journal Article
Author: Bindon, JR; Knight, A; Dressler, WW; Crews, DE
Year: 1997
Title: Social Context and Psychosocial Influences on Blood Pressure among American Samoans
Journal: American Journal of Physical Anthropology
Volume: 103
Issue: 1
Pages: 7-18
Keywords: Samoan; cultural competency; health status
Abstract: This study explores social and economic influences on health within a model formulated to address explicitly both individual and household level phenomena. Dressler's lifestyle incongruity model is used as a basis from which to predict the effects of intracultural contexts of variability on blood pressure. The sample for this survey consists of 134 Samoan men and women living in American Samoa. Based on previous experience and ethnographic sources, two key intracultural contexts were examined; gender, i.e., male-female differences in response to psychosocial stress, and household employment as indicated by whether or not both spouses in a household are employed. Our analysis indicates that lifestyle incongruity, defined as the difference between the material culture presented by a household and the economic resources of the family, is significantly associated with both systolic and diastolic blood pressure. Furthermore, males and females show opposite blood pressure associations with both lifestyle incongruity (male blood pressure increases with increasing incongruity while female blood pressure does not) and household employment (male blood pressure is higher when both spouses work but female blood pressure is lower).

Reference Type: Report
Author: Binstock, R.H.; Grigsby, J.; Leavitt, T.D.
Year: 1984
Title: Policy Options for Targeting to Minorities Under Title III of the Older Americans Act
Institution: (Policy Center on Aging, Heller School, Brandeis University)
Date: August 1984
Type of Work: Working Paper
Keywords: cultural competency; other (policy, program administration)
Abstract: Discusses (a) desirability of targeting under Title III, (b) social policy goals to be achieved through targeting (c) appropriate locus of authority for determination and implementation of targeting goals.

Reference Type: Journal Article
Author: Blackburn, J.A.
Year: 1992
Title: Achieving a Multicultural Service Orientation: Adaptive Models of Service Delivery and Race and Culture Training
Journal: CARING Magazine
Volume: 11
Issue: 4
Pages: 22-27
Keywords: cultural competency; other (workforce); caregiving
Abstract: Human beings cannot be tossed together under the assumption that well-intentioned

care will create a harmonious union. A multicultural service orientation does not eliminate all problems but it does help reduce the likelihood of racial and cultural conflict between caregiver and client. Ten objectives of race and culture training are outlined that can be useful for staff training.

Reference Type: Journal Article
Author: Blackwelder, WC; Yano, K; Rhoads, GG; Kagan, A; Gordon, T; Palesch, Y
Year: 1980
Title: Alcohol and Mortality: The Honolulu Heart Study
Journal: American Journal of Medicine
Volume: 68
Pages: 164-168
Alternate Journal: American Journal of Medicine, 68
Keywords: Japanese; disease
Abstract: It has been shown previously that coronary heart disease was less likely to develop in Japanese men in Honolulu who drank alcoholic beverages than in those who abstained, and that the more they drank (up to about 60 ml/day of ethanol) the lower the risk (1). In this report on the same men, it is shown that the same sort of relations holds for mortality from coronary heart disease but that the reverse is true for death from cancer and from stroke. Men who drank were more likely to die from these causes than those who abstained, and the more they drank the greater the risk of death. Men who drank relatively large amounts were more likely to die from cirrhosis of the liver than other men. The resultant curve for total mortality is u-shaped, the lowest risk being for men who consumed from 1 to 10 ml/day of ethanol. Even at that low level of consumption, however, the risk of death came from cancer or stroke was greater than it was for nondrinkers. In short, for this population of Japanese men, alcohol consumption appears to have some benefits and some hazards with regard to mortality, and the benefit or hazard depends on which cause of death is being considered.

Reference Type: Newspaper Article
Reporter: Boston Globe
Year: 1997
Title: A Raid on Legal Immigrants
Newspaper: Globe
City: Boston
Pages: E6
Date: 30 March
Keywords: immigration/refugee; other (policy)
Abstract: Coverage of the impact of welfare reform.

Reference Type: Journal Article
Author: Boult, L.; Boult, C.
Year: 1995
Title: Underuse of Physician Services by Older Asian-Americans
Journal: Journal of the American Geriatrics Society
Volume: 43
Issue: 4
Pages: 408-411
Keywords: API; medical services/doctors/hospitals; cultural competency
Abstract: Previous investigations have not, however, compared the frequency of use of physician services by older persons of different cultural groups, nor have they focused on subgroups of older people whose need for health care services is high. The present study was

designed to address both of these issues, and to answer the question, "Among older persons at high risk for hospital admission, is membership in a minority culture associated with underuse of physicians?"

Reference Type: Journal Article
Author: Bourne, PG
Year: 1973
Title: Suicide Among Chinese in San Francisco
Journal: American Journal of Public Health
Volume: 63
Pages: 744-750
Alternate Journal: American Journal of Public Health, 63
Keywords: Chinese; mental health; demography
Abstract: A study to investigate suicide among Chinese in San Francisco found that the mean rate for the Chinese is about the same as for the rest of the population. Seventeen years ago it was much higher and has steadily declined. Other findings are presented and related to various socio-psychological conditions.

Reference Type: Journal Article
Author: Bouvier, L.F.; Agresta, A.J.
Year: 1985
Title: The Fastest Growing Minority
Journal: American Demographic
Issue: May
Keywords: API; immigration/refugee; demography
Abstract: Describes the growth of API populations in the U.S., particularly the impact of immigrants.

Reference Type: Journal Article
Author: Bowden, M; Crawford, J; Cohen, HJ; Noyama, O
Year: 1993
Title: A Comparative Study of Monoclonal Gammophathies and Immunoglobulin Levels in Japanese and United States Elderly
Journal: Journal of the American Geriatrics Society
Volume: 41
Pages: 11-14
Alternate Journal: Journal of the American Geriatrics Society
Keywords: Japanese; disease
Abstract: To define the prevalence of monoclonal immunoglobulin (Ig) proteins and quantitative serum immunoglobulin levels in elderly Japanese in comparison with elderly Caucasians as possible factors related to the reported lower incidence of multiple myeloma in elderly Japanese than in elderly Caucasians.

Reference Type: Report
Author: Braun, K; Kaku, J
Year: 1987
Title: The Maluhia Day Hospital Program: A Five Year Report.
Institution: State of Hawaii, Department of Health
Keywords: community services; health status; other (research)
Abstract: Describes the program at Maluhia day hospital and those it is serving.

Reference Type: Journal Article
Author: Braun, K. L.; Rose, C.L.
Year: 1987
Title: Family Perceptions of Geriatric Foster Family and Nursing Home Care
Journal: Family Relations
Issue: 36
Pages: 321-327
Keywords: nursing homes; family/caregiving/intergenerational
Abstract: Due to the graying of America, family interventionists will encounter more clients with concerns about elderly family members in need of long-term care. To evaluate a relatively new form of long-term care, this study compared family perceptions of foster home and nursing home care of elderly relatives and the relationship of these perceptions to patient outcomes.

Reference Type: Journal Article
Author: Braun, K.L.; Rose, C.L.
Year: 1987
Title: Geriatric Patient Outcomes and Costs in Three Settings: Nursing Home, Foster Family, and Own Home
Journal: American Geriatrics Society
Volume: 35
Issue: 5
Pages: 387-397
Keywords: nursing homes; family/caregiving/intergenerational; API
Abstract: Many programs which serve frail elders, especially senior centers, day care, home care programs, foster care, and domiciliary care, claim to prevent or delay nursing home placement of elders. In fact, elders with similar disabilities and care needs can be served in one of a variety of settings; use of a particular service depends on access, patient preference, and caregiver burden factors as well as on the health status of the patient. This paper reports on the outcomes of similarly disabled groups of elderly patients in three different long-term care settings in Honolulu.

Reference Type: Journal Article
Author: Braun, K.L.; Goto, L.S.; Lenzer, A.M.
Year: 1987
Title: Patient Age and Satisfaction with Home Care
Journal: Home Health Care Services Quarterly
Volume: 8(2)
Issue: Summer 1987
Pages: 79-96
Keywords: community services; other(quality); API
Abstract: Hawaii's Medicaid-sponsored comprehensive home care program serves disabled people of all ages. A client survey explored the relationship between age and satisfaction with services. Most younger clients had become disabled through accidents, while older clients were disabled from multiple chronic conditions. Although satisfaction ratings by age group occurred with the youngest patients expressing the least amount of satisfaction. Reasons for these findings and implications for program operation are discussed.

Reference Type: Journal Article
Author: Braun, K.L.; Horwitz, K.J.; Kaku, J.M.
Year: 1988
Title: Successful Foster Caregivers of Geriatric Patients

Journal: Health and Social Work
Issue: Winter
Pages: 25-34
Keywords: family/caregiving/intergenerational; community services
Abstract: The authors' examined the characteristics of caregivers from two foster care programs designed to substitute for nursing home placement of severely disabled elders. The more successful caregivers became foster families for humanitarian reasons, had more caregiving experience, gained satisfaction from the role, involved the patient in family activities, and did not feel more religious than other people. The findings provide guides for screening applicant foster caregivers of geriatric patients.

Reference Type: Journal Article
Author: Braun, K.; Takamura, J.C.; Forman, S.M.; Sasaki, P.A.; Meininger, L.
Year: 1995
Title: Developing and Testing Outreach Materials on Alzheimer's Disease for Asian and Pacific Islander Americans
Journal: The Gerontologist
Volume: 35
Issue: 1
Pages: 122-126
Keywords: API; disease; health promotion/disease prevention; demography; cultural competency; community services
Abstract: Compared to whites, minorities have a similar rate of dementia but are less likely to use services. Native language videos and brochures that incorporated culturally specific perceptions of dementia, caregiving, and help-seeking for seven Asian and Pacific Islander American (APIA) groups were developed and tested. Findings suggested that these tools were culturally appropriate and, when used in combination with discussion, helped increase awareness of Alzheimer's disease and sources of help.

Reference Type: Journal Article
Author: Braun, KL; Look, MA; Tsark, JA
Year: 1995
Title: High Mortality Rates in Native Hawaiians
Journal: Hawaii Medical Journal
Volume: 54
Issue: 9
Pages: 723-9
Keywords: Hawaiian; heath status; cultural competency
Abstract: Native Hawaiians continue to have higher mortality rates than do other ethnic groups in Hawaii. This discrepancy becomes even more pronounced when rates are calculated separately for full-Hawaiians versus part-Hawaiians, versus all races. In an exploratory discussion of these data, a group of Native Hawaiian physicians recommend greater attention be given to Native Hawaiian values and participation in health care delivery, increasing access to services, and further research.

Reference Type: Journal Article
Author: Braun, Kathryn L.; Yang, Haiou; Onaka, Alvin T.; Horiuchi, Brian Y.
Year: 1996
Title: Life and Death in Hawaii: Ethnic Variations in Life Expectancy and Mortality, 1980 and 1990
Journal: Hawaii Medical Journal
Volume: 55

Pages: 278-302
Keywords: Chinese; Hawaiian; Japanese; disease; health status
Abstract: Life expectancy in Hawaii is among the highest in the nation. Past research, however, found significant ethnic differences in longevity. This study presents life expectancy estimations for 1980 and 1990, along with ethnic differences in mortality rates for specific causes of death. The findings suggest that ethnic differences continue, with Chinese and Japanese having the longest life expectancy and Native Hawaiians having the shortest.

Reference Type: Journal Article
Author: Braun, KL; Yang, H; Onaka, AT; Horiuchi, BY
Year: 1997
Title: Asian and Pacific Islander Mortality Differences in Hawaii.
Journal: Social Biology
Volume: 44
Issue: 3-4
Pages: 213-26
Keywords: API; health status
Abstract: In the United States, national health status data pertaining to Asian and Pacific Islander (API) Americans are rarely disaggregated. By aggregating API data, however, the poor health status of some API groups is often masked by the favorable health status of others. The purpose of this paper is two-fold: (1) to compare mortality rates of the five major ethnic groups in Hawaii (Caucasians, Chinese, Filipinos, Japanese, and Hawaiians) and (2) to explore methodological issues related to comparative studies of API health indicators. Standardized and age-specific mortality rates and 95 per cent confidence intervals for major causes of death were estimated for 1990 based on Hawaii vital records and population data. In general, death rates were highest for Hawaiians and lowest for Japanese and Chinese, illustrating the importance of API data disaggregation and suggesting that special attention be paid to improving the health of Hawaiians. Methodologically, the study demonstrated that, while some compromises in analysis are required, legitimate comparisons across API groups can be made if data sets are available.

Reference Type: Journal Article
Author: Braun, KL; Browne, CV
Year: 1998
Title: Perceptions of Dementia, Caregiving, and Help Seeking Among Asian and Pacific Islander Americans
Journal: Health Social Work
Volume: 23
Issue: 4
Pages: 262-74
Keywords: API; family/caregiving/intergenerational; mental health; cultural competency; medical services
Abstract: The United States is becoming more ethnically diverse, and Asian and Pacific Islanders (APIs) are one of the most rapidly growing minority groups. Of interest to social workers is how the traditional values and practices of these cultures affect their perceptions of disease and use of health services. This article presents information on perceptions of dementia, caregiving, and help seeking for the API group as a whole, with additional information on five of the major API subgroups -- Chinese, Japanese, Filipino, Vietnamese, and Hawaiian. Implications for practice, policy, and research are discussed.

Reference Type: Journal Article
Author: Braun, KL
Year: 1998

Title: Do Hawaii Residents Support Physician-Assisted Death? A Comparison of Five Ethnic Groups.
Journal: Hawaii Medical Journal
Volume: 57
Issue: 6
Pages: 529-34
Keywords: API; medical services; other (public education)
Abstract: Surveyed were adults in five ethnic groups -- Caucasian, Chinese, Filipino, Hawaiian, and Japanese -- on questions about physician-assisted death. When asked if there were any conditions under which physician-assisted death should be allowed, 52% said yes, 19% said perhaps, and 29% said no. Differences in response were seen, however, by ethnicity (with less support among Filipinos and Hawaiians), by religious affiliation (with less support among Catholics), and by educational attainment (with greater support among college graduates). Given the controversial nature of this topic, more public education and debate are needed. Meanwhile, physicians are urged to expand discussions with patients on their expectations about options for end-of-life care.

Reference Type: Report
Author: Brodie, M.
Year: 1995
Title: The Four Americas: Government and Social Policy Through the Eyes of America's Multi-Racial and Multi-Ethnic Society
Institution: Washington Post, Kaiser Family Foundation, Harvard Survey Project
Date: December
Keywords: cultural competency; other (political science)
Abstract: Perspectives of different racial & ethnic groups on social policy and the role of government in America: key findings (1) America's various racial and ethnic groups differ in their perceptions and assessment of the problems and situations faced by members of the other groups. Whites stand alone in their misperceptions of the real-life circumstances that African-Americans face; (2) America's racial & ethnic goups differ substantially in their views of the appropriate role of government and how much the country should do to aid minorities and ease social and economic disparities. The public's anti-government feeling and belief that government programs are not effective seems to heighten whites' belief that government should play a smaller role in addressing the problems of minorities; (3) a common feeling that the "American Dream" is slipping away reaches across all racial and ethnic groups and is almost universally blamed on deteriorating economic circumstances; (4) whites and African Americans differ substantially over whether Congress should limit affirmative action and whites seem to view affirmative action laws more as a remedy for discrimination of all kinds than as a remedy for past discrimination against African Americans; (5) Whites' misperceptions about the social and economic realities facing African Americans are strongly related to their views and opinions on public policy choices such as the role of government in helping minorities, willingness to see spending cut for certain federal programs, and beliefs that affirmative action should be limited. Those who are the least informed are more likely to believe that government can not and should not help minorities than those who are the most informed; (6) Whether whites hold certain core beliefs about the role of government in ensuring equality, about whether society or African Americans themselves bear responsibility for improving the lives of African Americans, about integration and diversity, and about the opportunities available to African Americans seem to differentiate sharply between those who are committed to government intervention to aid minorities and those who are not.

Reference Type: Journal Article
Author: Brown, DE; James, GD; Nordloh, L

Year: 1998
Title: Comparison of Factors Affecting Daily Variation of Blood Pressure in Filipino-American and Caucasian Nurses in Hawaii
Journal: American Journal of Physical Anthropology
Volume: 106
Issue: 3
Pages: 373-83
Keywords: Filipino; medical services/hospitals/doctors; health status; cultural competency; mental health
Abstract: Although several studies have examined differences in daily blood pressure variability between African-American and Caucasian groups in the United States, little is known about the blood pressure variation of other ethnic groups. This study examined the effects of emotional state, setting, posture, and ethnicity on the ambulatory blood pressure of female health care workers (nurses and nurse's aides) from 2 ethnic groups: Filipino-Americans (N=38) and Caucasians (N=22). The results suggest that the extent of blood pressure variation in daily live may depend upon cognitive processes which are influenced by the cultural background and emotional state of the individual. They further suggest that ethnicity has an impact on blood pressure variation.

Reference Type: Magazine Article
Author: Browne, C; Onzuka-Anderson, R
Year: 1981
Title: Hale Pulama Mau: Meeting the Needs of Hawaii's Elderly
Magazine: Aging
Volume: 319320
Pages: 31-38
Keywords: API; community services
Abstract: The elderly are utilizing hospital and other health-related and supportive services with increased intensity and frequency and at a greater cost to the individual and his or her family. This growth in the number of older adults as well as in the utilization patterns of health services has raised significant issues and concerns about several areas of geriatric health as well as the deficiencies in the present health care delivery system. Among them are access and coordination problems in the delivery of services, problems with the organizational structure of long term care, including gaps in care, the high cost of services, and the lack of innovative approaches to the current methods of dealing with human needs in a cost conscious manner. Long term care, which constitutes one end of the health service continuum, has become a topic for the community and the nation.

Reference Type: Book
Author: Browne, C.; Onzuka-Anderson, R.
Year: 1985
Title: Our Aging Parents: A Practical Guide to Eldercare
Publisher: University of Hawaii Press
City: Honolulu
Keywords: family/caregiving/intergenerational
Abstract: The editors and contributors of this book have performed a valuable service for people whose lives are intimately affected by the aging phenomenon. They have gathered an important set of gerontological information and packaged it in a way that is easy to understand. This information is useful whether we apply it to our own lives or utilize it in the care of others. Each chapter includes vignettes which illustrate the concepts discussed. Together, the chapters enable us to understand the aging process and how to deal with a possible decline in health.

Reference Type: Journal Article
Author: Browne, C; Broderick, A
Year: 1994
Title: Asian and Pacific Island Elders: Issues for Social Work Practice and Education
Journal: Social Work
Volume: 39
Pages: 252-259
Keywords: API; cultural competency; demography
Abstract: The highly diverse Asian and Pacific Island population in the United States doubled in size from 1980 to 1990 and is now the nation's fastest-growing minority group. This article describes the Asian and Pacific Island elderly population and its ethnic diversity, geographic location, gender ratios, income and poverty, health status, service utilization, and cultural values and beliefs. Also presented are the specific challenges for social workers in practice settings in design and providing culturally relevant services and programs. A number of suggestions for social work education to meet the needs of this growing aging population are offered, including the development of an ethnogerontological and multicultural social work curriculum and the critical need for data on this population.

Reference Type: Journal Article
Author: Browne, C; Fong, R; Mokuau, N
Year: 1994
Title: The Mental Health of Asian and Pacific Islander Elders: Implications for Research and Mental Health Administration
Journal: Journal of Mental Health Administration
Volume: 21
Issue: 1
Pages: 52-59
Alternate Journal: Journal of Mental Health Administration, 21(I)
Keywords: API; mental health; immigration/refugee; demography
Abstract: According to the 1990 census, the highly diverse Asian and Pacific Islander (API) American population has doubled in size from 1980 to 1990, and is now the nation's fastest growing minority group. Several studies have documented this population's comparative underuse of mental health services. A review of recent studies on the mental health of Asian and Pacific Islander elders identifies a number of risk factors and protectors. Elder APIs appear to have poorer mental health compared to white counterparts but not the poorest mental health within their own ethnic group. Within-group differences emerge, with recent immigrant groups and colonized populations appearing as most at-risk for mental health problems. A critical variable on this population's mental health status appears to be socioeconomic status, and yet analysis of other demographic variables, notably nativity and gender, remain contradictory. A research agenda is proposed and implications for mental health administrators are suggested.

Reference Type: Journal Article
Author: Browne, CV
Year: 1995
Title: Empowerment in Social Work Pracice with Older Women.
Journal: Social Work
Volume: 40
Issue: 3
Pages: 358-64
Keywords: community services; other (empowerment)
Abstract: Literature describing the interface of ageism and sexism in older women, the majority

of the nation's elderly population, has resulted in the knowledge that they are a population at risk. Empowerment is a social work process and intervention that has been recommended for work with oppressed populations and with women. An analysis of traditional, feminist, and social work conceptualizations of empowerment, however, identifies issues that are problematic for social workers. This article suggests reasons for broadening the definition and concept of empowerment to allow social welfare professionals to better speak to the multiple needs of women in their later years.

Reference Type: Journal Article
Author: Browne, CV; Smith, M; Ewalt, PL; Walker, DD
Year: 1996
Title: Advancing Social Work Practice in Health Care Settings: A Collaborative Partnership for Continuing Education
Journal: Health Social Work
Volume: 21
Issue: 4
Pages: 267-76
Keywords: medical services; other (education)
Abstract: This article describes a model for social work education and research established by a school of social work and the social work department of a metropolitan medical center. Social workers in the health care setting were surveyed on the knowledge and skills they needed to help them respond to new directions for the department. Results of the study identified a number of themes for staff development and research. Implications of the study, together with a description of the education and research programs developed to respond to these themes, are presented.

Reference Type: Journal Article
Author: Brownwell, P.
Year: 1997
Title: The Application of the Culturagram in Cross-Cultural Practices with Elder Abuse
Journal: Journal of Elder Abuse & Neglect
Volume: 9
Issue: 2
Pages: 19-31
Keywords: immigration/refugee; cultural competency; other (elder abuse)
Abstract: This article discusses the application of the Culturagram, a screening instrument designed to assist practitioners to work more effectively in the assessment and detection of family abuse among immigrant elders. Case studies of selected immigrant groups are presented to illustrate how the Culturagram can be used to promote culturally sensitive practice with immigrant families where elder abuse may be a factor. Assessment, detection, and intervention strategies specific to selected immigrant groups are included in the discussion.

Reference Type: Magazine Article
Author: Buchholz, M.
Year: 1984
Title: Special Help for Southeast Asian Refugees
Magazine: Food and Nutrition
Issue Number: April
Pages: 4-6
Date: April 1984
Keywords: SE Asian; cultural competency; immigration/refugee
Abstract: For Southeast Asian refugees accustomed to daily food shopping at open-air farmers'

markets, suddenly being confronted with the intricacies of the modern supermarket can be bewildering and frightening. They are faced not only with a totally new system of shopping, but also with many unfamiliar foods, and even familiar foods may be packaged in strange new ways. Working out of a health center in San Francisco's Chinatown, nutritionist Catherine Wong helps these "newcomers," as she calls them, solve the mysteries of the American supermarket. This, she says, is an essential part of nutrition education for this special group.

Reference Type: Journal Article
Author: Buchwald, D; Lam, M; Hooton, TM
Year: 1995
Title: Prevalence of Intestinal Parasites and Association with Symptoms in Southeast Asian Refugees.
Journal: Journal of Clinical Pharmacy and Therapeutics
Volume: 20
Issue: 5
Pages: 271-5
Keywords: SE Asian; immigration/refugee; disease; health promotion/disease prevention
Abstract: We prospectively evaluated 201 Southeast Asian refugees in a primary care clinic for intestinal parasites and their association with gastrointestinal symptoms. Patients completed a standardized screening questionnaire which elicited information on demographic factors and eight gastrointestinal symptoms, and stools were collected for ova and parasite examination. Although 89% had been living in the U.S.A. for more than 1 year, intestinal parasites were found in 37 (18%) patients and pathogenic parasites in 23 (11%). Among these 37 patients with intestinal parasites, seven (19%) had multiple parasites. Seven pathogenic and four nonpathogenic species were identified. Hookworm was most prevalent (4.5%), followed by Strongyloides stercoralis (2.5%) and Clonorchis sinensis (2%). Cambodians had the highest prevalence (11%) and Vietnamese and highland Laotians the lowest (0%). Intestinal parasitosis was not associated with gender or duration of residence in the U.S.A. Individual symptoms had a low positive predictive value for the presence of pathogenic parasites. This suggests that even years after immigration a substantial number of Southeast Asian refugees may benefit from screening and treatment for intestinal parasites.

Reference Type: Journal Article
Author: Buell, P
Year: 1965
Title: Nasopharynx cancer in Chinese of California
Journal: British Journal of Cancer
Volume: 19
Pages: 459-470
Alternate Journal: British Journal of Cancer
Keywords: Chinese; disease
Abstract: Study on California mortality records (1949 through 1962): 67 deaths from cancer of the nasopharynx among Chinese men and 13 among women. Chinese who were born in the U.S. have about a 20-fold greater mortality from nasopharynx cancer than the Caucasoid population in California. Immigrants from China have a 30- to 40-fold great mortality. An external carcinogen cannot, yet, be inferred from the reduced risk in the locally born because the reduction might be caused by selection against a genotype. While the evidence shown does not prove genetic inheritance, it does show that conditions for selection were present.

Reference Type: Journal Article
Author: Buell, P; Dunn, JE
Year: 1965

Title: Cancer Mortality Among Japanese Issei and Nisei of California
Journal: Cancer
Volume: 18
Pages: 656-664.
Alternate Journal: Cancer, 18
Keywords: Japanese; disease; health status; demography
Abstract: Both in their native land and abroad the Japanese reveal an unusual pattern of cancer mortality. Segi, for example, showed that in Japan the rates of mortality from stomach cancer in 1958 to 1959 were the highest and rates from female breast cancer and prostate cancer the lowest of 24 countries with adequate vital statistics. When Smith, using data around the census of 1950, showed consistent results for the Japanese in the U.S., he ruled out international differences in diagnosis and reporting as an explanation. At the time of that census only the Issei, the first or immigrant generation of Japanese in the United States, contributed materially to the statistics; very few of the Nisei, the second generation, were at the "cancer age." Because the latter are maturing in a different physical environment, and many of them in a different cultural setting, it has been hoped that their cancer mortality experience would put some light on the question of whether the unusually high and low cancer susceptibilities are mainly genetic or environmental.

Reference Type: Journal Article
Author: Buell, P
Year: 1974
Title: Changing Incidence of Breast Cancer in Japanese American Women
Journal: Journal of the National Cancer Institute
Volume: 51
Pages: 1479-1483
Alternate Journal: Journal of the National Cancer Institute, 51
Keywords: Japanese; disease
Abstract: Mortality studies for the period around 1950 and 1960 showed breast cancer mortality rates of Japanese-American women only slightly above levels prevailing in Japan, though other site-specific cancer risks had shifted more markedly toward levels of white Americans. The Third National Cancer Survey of 1969-1971 reveals that breast cancer risks for Japanese-American women in the San Francisco-Oakland metropolitan area closely approached those for whites. This upward shift occurred among both the Nisei (second generation) and the Issei (immigrant generation). The contribution of the Issei to the increased rates was substantial but somewhat less than that of the Nisei. Although Japanese and Polish migrants arrived in the United States about the same time, and both were mainly of rural origin, only the Polish women demonstrated a substantially increased risk of breast cancer by 1950. Japanese migrants may have retained their traditional culture longer, and when the strong upward shift in breast cancer occurred, it did so among Japanese-American women potentially exposed to a new culture and environment at pre-adult and early adult ages.

Reference Type: Journal Article
Author: Buell, P
Year: 1974
Title: The Effect of Migration on the Risk of Nasopharyngeal Cancer among Chinese
Journal: Cancer Research
Volume: 34
Pages: 1189-1191
Alternate Journal: Cancer Research, 34
Keywords: international; Chinese; disease; immigration/refugee
Abstract: The Chinese in California have an incidence of nasopharyngeal cancer roughly of the

order of magnitude of the very high rate in Southeast Asia. Filipino migrants to California have a nasopharyngeal cancer risk intermediate to the risk for Chinese and the low risk for Caucasians. A study of nasopharyngeal cancer mortality over the period 1958 to 1972 shows a gradient of lower risk of the disease in the second and third generation of Chinese in California. While a genetic explanation of the racial susceptibility cannot entirely be ruled out, it can be said that the Chinese are at a very high risk of the disease, partly because of unusual exposure to an environmental agent.

Reference Type: Magazine Article
Author: Bureau of the Census
Year: 1993
Title: One in Four of Nation's Foreign Born Arrived Since 1985
Magazine: Census (Monthly News from the U.S. Bureau of the Census)
Volume: 28
Issue Number: 2
Pages: 1,2
Date: February
Keywords: international; demography; immigration/refugee
Abstract: Describes the increase in foreign born older persons in he U.S.

Reference Type: Report
Author: Bureau of the Census
Year: 1993
Title: Profiles of America's Elderly
Institution: Bureau of the Census & National Institute on Aging
Date: November
Report Number: 3
Keywords: API; demography
Abstract: Presents the 1990 Census data on race and ethnic diversity of the 65 and older population in the United States. In 1990 of 31.1 million elders 65 and older, 27 million (87%) were white; 2.5 million (8%) were Black,. But demographic trends indicate that by 2020, whites will be 78% and by 2050 whites will be 67%. The proportion of Blacks will increase slowly from 8% in 1990 to 10% in 2050, American Indians will increase from .1 million to .5 million in 2050, Hispanics from 4% in 1990 to 9% in 2020, and 16% in 2050; and Asians from .5 million (1%) in 1990 to 8% in in 2050 and as immigration and chances of survival increase, the percentage of Hispanics and Asians will be larger.

Reference Type: Report
Author: Bureau of the Census
Year: 1993
Title: 1990 Census of Population
Institution: U.S. Department of Commerce
Report Number: CP-1-1; CP-3-5
Keywords: demography, API
Abstract: General Population Characteristics in the United States, 1990 Census of Pop, CP-1-1
Social and Economic Characteristics in the United States, 1990 Census of Pop, CP-2-1
General Housing Characteristics in the United States, 1990 Census of Housing CH-1-1
Detailed Housing Characteristics in the United States, 1990 Census of Housing , CH-2-1
Foreign-Born Population in the United States, 1990 Census of Pop, CP-3-1
Asian and Pacific Islanders in the United States, 1990 Census of Pop, CP-3-5
1990 Census of Population and Housing, Summary Tape File 1C, US Summary

Reference Type: Journal Article
Author: Burr, J.A.; Mutchler, J.E.
Year: 1993
Title: Nativity, Acculturation, and Economic Status: Explanations of Asian American Living Arrangements Later in Life
Journal: Journal of Gerontology
Volume: 48
Issue: 2
Pages: S55-S63
Keywords: API; cultural competency; demography; immigration/refugee
Abstract: Using 1980 Census data, we examined the household and nonhousehold living arrangements for older, unmarried women of Japanese, Chinese, Filipino and Korean descent, finding substantial variation across ethnic groups. We tested 3 hypotheses on the effects of acculturation, economic status, and nativity/immigration status. The results from our multivariate analyses show that Chinese-origin and Filipino-origin women who are less acculturated are more likely to live with others than those who are more acculturated. Members from each Asian American group who can afford independent living are more likely to purchase their privacy. The most consistent finding shows that older, unmarried Asian American women who have migrated to the US since 1965 are more likely than similar native-born women to live in a complex household as compared to living alone.

Reference Type: Journal Article
Author: Burton, Linda M.; Dilworth-Anderson, P.; Bengston, V.L.
Year: 1991
Title: Creating Culturally Relevant Ways of Thinking About Diversity and Aging: Theoretical Challenges for the Twenty-first Century
Journal: Generations
Volume: 15
Issue: 4
Pages: 67-72
Keywords: cultural competency
Abstract: Cross-societal research has demonstrated that definitions of the rights, obligations, problems, and opportunities of old age vary across cultures. Nevertheless, old age is a universal human challenge, which brings with it problems and perceptions that are similar, regardless of variations in social context. The heterogeneity of the aged population today means that the various criteria of stratification differ in marked ways among the aged. Researchers and policy makers have focused increasing attention in recent years on ethnic and subcultural variations within the population of aged Americans. Yet they have only begun to accumulate a body of scientific generalizations concerning ethnicity as a mediator in problems of aging. Practitioners and policy makers now are trying to formulate programs that reflect the service implications of ethnic contrasts among elderly Americans. Some have criticized the efforts to date for lacking sensitivity, and therefore being irrelevant to the current realities of ethnic differences among the elderly.

Reference Type: Journal Article
Author: Calhoun, MA
Year: 1988
Title: Providing Health Care to Vietnamese in America: What Practitioners Need to Know
Journal: Home Health Care Nursing
Volume: 4
Issue: 5

Pages: 14-22
Alternate Journal: Home Health Care Nurse, 4(5)
Keywords: Vietnamese cultural competency; medical services/hospitals/doctors
Abstract: In order for nurses to be able to provide effective nursing care to Vietnamese clients, it is important for them to understand the unique cultural values, attitudes, and behaviors of the Vietnamese.

Reference Type: Report
Author: California Cultural Competency Task Force
Year: 1994
Title: Recommendations for the Medi-Cal Managed Care Program
Institution: California Cultural Competency project, Institute for the Study of Social Change, University of California, Berkeley, CA.
Date: 8 February
Keywords: other (managed care), cultural competency
Abstract: Outlines issues and how recommendations would be implemented by the State DOH

Reference Type: Report
Author: California Department of Health Services
Year: 1988
Title: Consumer Alert on Dangerous Imported Ethnic Medications
Type of Work: press release # 76-88
Keywords: alternative medicine
Abstract: Consumer alert on dangerous imported ethnic medications addressing concerns with lower quality and standardization of imported products classified as food substances.

Reference Type: Journal Article
Author: Campbell, T; Chang, B
Year: 1973
Title: Health Care of the Chinese in America
Journal: Nursing Outlook
Pages: 245-249
Keywords: Chinese; cultural competency; medical services/hospitals/doctors
Abstract: In order for health professionals to work effectively with people from other cultures, they need to understand their beliefs and why they act as they do.

Reference Type: Book Section
Author: Cantor, MH
Year: 1979
Title: The Informal Support System of New York's Inner City Elderly: Is Ethnicity a Factor?
Book Title: Ethnicity and aging: Theory, Research, and Policy
Editor: Kutzik, DE Gelfand & AJ
Publisher: Springer Publishing Company
City: New York
Pages: 153-174
Keywords: demography; family/caregiving/intergenerational; other
Abstract: At the present time the population of New York City is made up of three dominant ethnic subgroups: white, Black and Spanish-speaking (principally through not exclusively Puerto Rican). Unquestionably, important socioeconomic variations exist within each subgroup, but certain conditions of status, culture, and history have tended to distinguish white, Black, and Hispanic New Yorkers from one another. Therefore in 1970 when the Department for Aging

undertook its comprehensive study *The Elderly in the Inner City* (Cantor, 1973), race, ethnicity, and socioeconomic status were conceptualized as key variables in the attempt to understand the life of New York's older residents. The findings presented in this chapter are from the study and concern subgroup analysis in one important area of the lives of the elderly -- the informal social support system, particularly the family.

Reference Type: Journal Article
Author: Capitman, JA; Hernandez, W; Yee, DL
Year: 1991
Title: Diversity Assessments in Aging Services
Journal: Generations
Volume: 15
Issue: 4
Pages: 73-76
Alternate Journal: Generations, 15(4)
Keywords: community services; cultural competency
Abstract: This article points out how important it is for service provider organizations to assess and plan how they will take into consideration the racial, ethnic, and cultural background of the elders they serve. The authors discuss a number of issues on which organizations must focus in order to address the needs of minority elders. These include mission, governance and administration, personnel practices and staffing patterns, service offerings and caregiving approaches, targeting, and outreach and marketing approaches. There is a need for providers to accept the reality that America's aging population is becoming a more diverse group. By assessment and planning, diverse needs can be met.

Reference Type: Report
Author: Capitman, JA; Hernandez-Gallegos, G; Madzimoyo, W; ; Yee, DL
Year: 1991
Title: Diversity and the Aging Network: An Assessment Handbook
Institution: Heller School, Brandeis University
Keywords: cultural competency; community services
Abstract: The Handbook outlines methods for assessment and organization approaches to begin or continue work toward cultural competency in service approaches and in assuring ongoing responsiveness to communities served by an organization. The Handbook was developed with support from the Administration on Aging and was used extensively with area agencies on aging, state units on aging, and aging service network contractors.

Reference Type: Report
Author: Capitman, J.A.; Wethers, B.; Sadowsky, E.
Year: 1992
Title: Use of Formal Long Term Care Services: Evidence for the Roles of Race/Ethnicity, Gender, and Informal Care
Institution: Institute for Health Policy, Heller School, Brandeis University, Waltham, MA
Date: May
Type of Work: Prepared for the American Association of Retired Persons
Keywords: API; community services; nursing homes; other (policy)
Abstract: Examines the published quantitative literature on the relationships between formal long-term care use and race/ethnicity and gender. In particular, studies featuring measures of formal service use as DVs and a variety of other individual and systemic factors as IVs were targeted for review, as well as how race/ethnicity and gender interact with other factors as determinants of service use. The recommendations: (1) studies needed on Pacific/Asians, native Americans and Latinos; (2) urgent need for systematic research on how the practices of

provider organizations, including the attitudes and behaviors of individual providers influence service access and use; (3) more attention on how attitudes, knowledge and preferences toward long-term care vary by race/ethnicity and gender; and (4) more demo/evaluation studies on how to ensure equitable access to long-term care for target populations in the context of national and local reform proposals.

Reference Type: Journal Article
Author: Carlisle, D.M.; Leake, B. D.; Shapiro, M.F.
Year: 1995
Title: Racial and Ethnic Differences in the Use of Invasive Cardiac Procedures among Cardiac Patients in Los Angeles County, 1986 through 1988
Journal: American Journal of Public Health
Volume: 85
Issue: 3
Pages: 352356
Keywords: API; disease; medical services/hospitals/doctors
Abstract: The purpose of the study was to compare use of invasive cardiovascular procedures among Latino, Asian, African American, and White patients. Administrative data suggest that disparities in use of invasive cardiovascular procedures are not limited to African Americans. Hospital procedure volume appears to be an important factor related to such disparities. The cause of racial/ethnic differences in reported procedure rates remain unclear.

Reference Type: Journal Article
Author: Carlisle, D.M.; Leake, B.D.; Shapiro, M.F.
Year: 1997
Title: Racial and Ethnic Disparities in the Use of Cardiovascular Procedures: Associations with Type of Health Insurance
Journal: American Journal of Public Health
Volume: 87
Issue: 2
Pages: 236-267
Keywords: disease; medical services/hospitals/doctors; other
Abstract: This study examined whether disparities in the use of cardiovascular procedures exist among African Americans, Laotians, and Asians relative to White patients, within health insurance categories. Racial and ethnic disparities in procedure rates were evident in all types of insurance except private insurance.

Reference Type: Journal Article
Author: Carp, FM; Kataoka, E
Year: 1976
Title: Health Care Problems of the Elderly of San Francisco's Chinatown
Journal: The Gerontologist
Volume: 16
Issue: 1 (part 2)
Pages: 30-38
Alternate Journal: The Gerontologist 16(l)
Keywords: Chinese; health status; cultural competency; demography
Abstract: Among the elderly residents of San Francisco's Chinatown, serious health problems are prevalent. Personal resources for obtaining needed medical services are poor. While the informal network of family and friends is important, its resources are similarly limited. Health-care needs can be met only by the broader society. The elderly Chinese-Americans with gravest

need for medical services tend also to be multiply deprived with regard to resources to obtain them.

Reference Type: Book
Author: Carse, WT; Kawakone, J; Eichner, M
Year: 1993
Title: Kohala Care Project
Publisher: Author
City: Hilo, HI
Keywords: community services; demography; other
Abstract: The National Eldercare Campaign of 1991 initiated the Community Action to Reach the Elderly (CARE) program. Rural North Kohala on the island of Hawaii, State of Hawaii, was chosen as one of 250 communities nationwide that would experiment with the CARE efforts to assist the community to recognize the need and provide services that would empower the seniors to care for more of their own needs and help them to remain in their own homes as long as possible. A coalition of persons from business, churches, senior service providers, child day care centers, the area hospital, and senior groups was formed. During its first year the efforts to inform and assist seniors included a CARE Fair (display of all those services available), caregiver training, beginning of University extension classes, health screening, introduction to the Waianae (Hawaiian) diet, development of a high school Health Academy to train high school students for careers in health services, and the development of a committee to plan and initiate a dependent day care center. The second year plans will continue these programs and will assist groups to continue the coalition work using local funding.

Reference Type: Journal Article
Author: Catanzaro, A.; Moser, R.J.
Year: 1982
Title: Health Status of Refugees from Vietnam, Laos, and Cambodia
Journal: Journal of the American Medical Association
Volume: 247
Issue: 9
Pages: 1303-1308
Alternate Journal: Journal of the American Medical Association, 247
Keywords: SE Asian; immigration/refugee; health status; demography
Abstract: More than 0.5 million refugees from Southeast Asia have immigrated to the United States. We undertook a prospective evaluation of 709 refugees within two months of their resettlement in San Diego. The sample included 164 Vietnamese, 356 Cambodians, 139 Laotians, and 50 Hmong. The prevalence of abnormalities was high: intestinal parasites, 61%; positive tuberculin test (PPD) results, 55%; anemia, 37%; hepatitis B antigenemia, 14%; and abnormal VDRL test results, 12%. Except for hepatitis, significant differences were noted among the Vietnamese, Cambodian, Laotian, and Hmong subjects on each of these health status indicators. The refugee population should not be considered a homogeneous group of Indochinese, particularly by those responsible for their health care.

Reference Type: Journal Article
Author: Caudill, W; Plath, D
Year: 1966
Title: Who Sleeps by Whom? Parent-Child Involvement in Urban Japanese Families
Journal: Psychiatry
Volume: 29
Pages: 344-366
Keywords: international; Japanese; mental health; family/caregiving/intergenerational

Abstract: If a third of life is passed in bed, with whom this time is spent is not a trivial matter. As ethnologists, we expect co-sleeping customs to be consonant with major interpersonal and emotional patterns of family life in a culture, and at the same time to reflect cross-cultural differences. Westerners viewing Japanese sleeping arrangements usually sense a high degree of "overcrowding," which they say results from lack of space in "densely populated" Japan. We argue that this apparent "overcrowding" in the bedroom is only in part a function of lack of space: It derives more directly from the strength of family bonds. We argue further that the frequency with which children co-sleep with parents expresses a strong cultural emphasis upon the nurturing aspects of family life and a correlative de-emphasis of its sexual aspects. We support our arguments by asking, of data from urban families, who sleeps by whom?

Reference Type: Conference Proceedings
Author: Center for Intergenerational Learning
Year: 1988
Title: Distant Branches ... Distant Roots, a National Symposium on Older Refugees in America. Summary Report
Conference Name: Distant Branches ... Distant Roots, a National Symposium on Older Refugees in America.
Publisher: Center for Intergenerational Learning, Temple University
Conference Location: Washington, D.C., June 1988
Pages: 1-15
Keywords: SE Asians; immigration/refugee; cultural competency; mental health; health status; family/intergenerational
Abstract: Report of conference funded by Burden Foundation, including 120 people from the United States and Canada. Issues discussed were (a) language and literacy, (b) health and mental health, (c) employment, and (d) intergenerational relationships.

Reference Type: Journal Article
Author: Chae, M
Year: 1987
Title: Older Asians
Journal: Journal of Gerontological Nursing
Volume: 13
Issue: 11
Pages: 10-17
Keywords: API; cultural competency; medical services/hospitals/doctors
Abstract: Experiences in health care settings can be traumatic for the older Asian who neither understands the system nor the language, and negligence from health care providers can have devastating effects on this individual's well-being, as well as health status. This article describes the traditions of the Asian culture, especially the impact of Confucianism. Such information should prevent nurses from misinterpreting the behavior of older Asians and should help them to make accurate assessment of health and cultural needs.

Reference Type: Journal Article
Author: Chan, KB
Year: 1983
Title: Coping with Aging and Managing Self Identity: The Social World of the Elderly Chinese Women
Journal: Canadian Ethnic Studies
Volume: 15
Issue: 3

Pages: 35-50
Keywords: Chinese; international; cultural competency; family/caregiving/intergenerational; mental health
Abstract: Using data generated by questionnaires, personal oral history interviews, interviews with community informants and participant observation, this paper probes the social world of twenty-six elderly Chinese widows and their patterns of social living. In noting the uniqueness of historical and structural constraints in Canada affecting the elderly Chinese, the paper seeks to sensitize research attention to how the women cope with the "double jeopardy" and the physical, social, and psychological costs of old age and widowhood. While critical of the negative social stereotypes of the aged, the paper also demonstrates how ethnicity and culture can facilitate adjustment to old age.

Reference Type: Journal Article
Author: Chan, F.
Year: 1988
Title: To Be Old and Asian: An Unsettled Life in America
Journal: Aging
Issue: 358
Pages: 14-15
Keywords: API; cultural competency; demography; immigration/refugee
Abstract: The situation of elderly immigrants and refugees is quite different, as is now well known to the mental health professionals who assist them with their problems of adjustment to life in America. Most of the refugees and immigrants who came to this country when already elderly did not intend to come here in the first place. They accompanied children who migrated to this country or followed later when their children sponsored their entry to the United States. They did not know much about this country and were not prepared for the changes about to confront them.

Reference Type: Journal Article
Author: Chan, C; Lee, J
Year: 1990
Title: A New Direction for Servicing Ethnic Elderly in Britain
Journal: The Hong Kong Journal of Social Work
Volume: 13
Issue: 1
Pages: 10-20
Alternate Journal: The Hong Kong Journal of Social Work, 13 (1)
Keywords: international; community services; cultural competency
Abstract: There was very little research and published work on the general conditions and needs of the New Commonwealth and Pakistan countries, including Chinese from Hong Kong (NCP), elderly in Britain in the past years. There have been even fewer studies conducted recently. The available research findings show that some common problems such as social isolation (Coombe, 1981; Cooper, 1981; Glendenning, 1979; Crawford, 1979), housing (Lynn, 1982; Citizen Advice Bureau, 1983), finance, transportation (Kippax, 1978; Lister, 1975; Citizen Advice Bureau, 1983), nutrition (Hunt, 1976), and health (Rack, 1982; Citizen Advice Bureau, 1983; Lynn, 1982) are most likely encountered by the NCP people. There is no evidence to show that steps have been taken to improve the conditions of NCP people. In fact, with the drastic increase in the NCP elderly population and the decline of public expenditure recently, service provisions for these NCP elderly are likely to get worse. Some of the major problems faced by the NCP elderly are described in the following sections.

Reference Type: Journal Article

Author: Chan, DK; Woo, J; Ho, SC; Pang, CP; Law, LK; Ng, PW; Hung, WT; Kwok, T; Hui, E; Orr, K; Leung, MF; Kay, R
Year: 1998
Title: Genetic and Environmental Risk Factors for Parkinson's Disease in a Chinese Population
Journal: Journal of Neurology and Neurosurgery Psychiatry
Volume: 65
Issue: 5
Pages: 781-4
Keywords: international; Chinese; disease
Abstract: An epidemiological study of the environmental and genetic factors as well as the possible interplay between them was conducted among 215 patients with Parkinson's disease and 313 controls in a Chinese population in Hong Kong. In univariate analysis, a regular tea drinking habit was found to be a protective factor, which had not been reported before. Smoking (a protective factor), family history, duration of pesticide exposure (in years) in farming and pesticide exposure during farming in women (both risk factors) have been reported previously. In multivariate analysis, current smoking reached borderline significance at the 5% level and the variables, years exposed to pesticides and family history were significant at the 10% level. By contrast with the common occurrence of polymorphism of the CYP2D6 (a gene involved with xenobiotic metabolism) in white people, it is very rare in China and is not thought to be a significant factor contributing to Parkinson's disease in Chinese people.

Reference Type: Journal Article
Author: Chandler, AR
Year: 1949
Title: The Traditional Chinese Attitude Towards Old Age
Journal: Journal of Gerontology
Volume: 4
Pages: 239-244
Alternate Journal: Journal of Gerontology, 4
Keywords: international; Chinese; cultural competency
Abstract: This paper was presented at the annual scientific meeting of the Gerontological Society, Inc. on invitation of the program committee as part of a symposium on the psychologic and sociologic aspects of aging. Because of traditional concepts different from those of Western nations, the Chinese tradition includes high esteem for old age. Dr. Chandler raises the question of whether or not there is reason to expect that the Western world may in some degree adopt the Chinese attitude toward old age.

Reference Type: Journal Article
Author: Chang, BL
Year: 1984
Title: Attitudes Toward Aging in the United States and Taiwan
Journal: Journal of Comparative Family-Studies
Volume: 15
Issue: 10
Pages: 109-130
Alternate Journal: Journal of Comparative Family-Studies, 15 (10), 109-130
Keywords: Chinese; international; cultural competency; demography
Abstract: The purpose of the present study was to compare the attitudes of students in Taiwan (Taiwan-Chinese) toward aging with those of U.S.-Chinese. It was proposed that if the results showed that the U.S.-Chinese attitude toward aging was more negative than that of the Taiwan-Chinese, it could have suggested that the social, health, and educational services in the U.S.

needed to address the differences in attitudes and possible subsequent behaviors.

Reference Type: Journal Article
Author: Chang, J.; Moon, A.
Year: 1997
Title: Korean American Elderly's Knowledge and Perceptions of Elder Abuse: A Qualitative Analysis of Cultural Factors
Journal: Journal of Multicultural Social Work
Volume: 6
Issue: 1/2
Pages: 139-154
Keywords: Korean; community services; cultural competency; other (elder abuse)
Abstract: This study examines Korean American elders' perceptions of elder abuse and its perpetrators and explores cultural, as well as non-cultural influences on such perceptions. Face-to-face interviews were conducted with 100 elderly Korean Americans, 60 years of age or older, residing in Los Angeles County. Respondents report 46 abuse cases, categorized into the following six types: financial abuse (36%), psychological abuse (24%), culturally specific abuse (17%), neglect (15%), physical abuse (4%), and other (4%). Most respondents identified elder abuse in terms of abrogation of filial piety, suggesting that centrality of "children" in Korean American elders' lives and well-being. Findings demonstrate that employing a uniform definition of elder abuse across all cultures and ethnic groups without attending to the cultural and subjective aspects of a given situation may result in missing problems and needs identified as important by elderly themselves. Implications for social work practice and program development are discussed.

Reference Type: Journal Article
Author: Chee, P; Kane, R
Year: 1983
Title: Cultural Factors Affecting Nursing Home Care for Minorities: A Study of Black American and Japanese-American Groups
Journal: Journal of the American Geriatrics Society
Volume: 31
Issue: 2
Pages: 109-111
Alternate Journal: Journal of the American Geriatrics Society, 31
Keywords: Japanese; nursing homes; cultural competency
Abstract: In a pilot study of two nursing homes serving primarily different ethnic groups, differences were found in the importance of black patients and their relatives attached to the ethnic character of the institution compared with respondents in a Japanese home. The latter placed more emphasis on all aspects of ethnic programming and homogeneity of patients and staff. The blacks placed more emphasis on access to family than on ethnic orientation per se.

Reference Type: Journal Article
Author: Chen, SC; Chen, JL
Year: 1964
Title: Effects of Culture on the Success of Aging: A Preliminary Study Comparing the Productivity of Two Aging Groups of Chinese and American Men
Journal: Boston Medical Quarterly
Volume: 15
Issue: March
Pages: 14-22

Keywords: Chinese; cultural competency; family/caregiving/intergenerational
Abstract: Our hypothesis is that the Chinese are more successful in aging than Americans, because the Chinese culture prepares them for old age and leaves them with a role in society. A survey of various aspects of Chinese and American culture will show that the traditional Chinese way of life is oriented to the aged, whereas the American way of life is oriented to youth.

Reference Type: Journal Article
Author: Chen, AJ.
Year: 1969
Title: Recent Trends of Death From Unnatural Causes (Accidents, Suicides, & Homicides) in Singapore, 1961-1965
Journal: Singapore Medical Journal
Volume: 10
Issue: 2
Pages: 72-82
Alternate Journal: Singapore Medical Journal, 10
Keywords: health status; international; Singaporeans; API
Abstract: With the changing pattern of diseases in Singapore today, non-communicable disease like cancer, cardiovascular diseases and accidents are becoming relatively more important. Accidents, suicides and homicides not only cause much suffering, pain and grief which are difficult to measure to the family, but the productivity of a nation from the loss in working hours and economic loss in the form of medical care is also affected. This present study is an effort to collect some information to gain more knowledge and insight into the extent of the problem in Singapore, together with some of its epidemiological features, so that methods of prevention can be evolved.

Reference Type: Journal Article
Author: Chen, PN.
Year: 1970
Title: The Chinese Community in Los Angeles
Journal: Social Casework
Volume: 51
Pages: 591-598
Keywords: Chinese; cultural competency; demography
Abstract: After exposing stereotypes and myths about Chinese Americans, seven steps are proposed as part of a long-term effort to help solve their problems. This article will attempt to clarify some of these misconceptions, call attention to some of these problems, and eradicate the stereotyped image of the Chinese people. The article is based on the writer's observations of the Los Angeles Chinese community. Although many of its problems are similar to those that exist among the Chinese people of New York and San Francisco, the Los Angeles Chinese community has unique characteristics that cannot necessarily be generalized for the Chinese population at large. There is little published material available about the Chinese people in the United States.

Reference Type: Journal Article
Author: Chen, P-N
Year: 1973
Title: Samoans in California
Journal: Social Work
Volume: 18
Issue: 2
Pages: 41-48

Alternate Journal: Social Work, 18 (2)
Keywords: Samoan; cultural competency; immigration/refugee
Abstract: Interest in the Samoan New American community has been growing during the past several years as policy-makers and planners have become more aware of the many minority groups in this country. Most people in the United States know little about this Polynesian population. The Samoan New American community refers to the Samoans living in the continental United States, most of whom came from Western Samoa and are now in California. This article reviews their background, examines their problems and needs, and recommends ways to work effectively with these people.

Reference Type: Journal Article
Author: Chen, P
Year: 1979
Title: A Study of Chinese-American Elderly Residing in Hotel Rooms
Journal: Social Casework
Volume: 60
Issue: 2
Pages: 89-95
Alternate Journal: Social Casework, 1979, 60 (2)
Keywords: Chinese; community services; cultural competency
Abstract: A study of elderly Chinese-American residents in the Chinatown area of Los Angeles reveals hidden poverty, loneliness, language barriers, physical isolation, a sense of familial dislocation, and a lack of concern for the future. Work is needed to develop programs and services to meet the needs of this population.

Reference Type: Journal Article
Author: Chen, PN
Year: 1980
Title: Continuing Satisfying Life Patterns Among Aging Minorities
Journal: Journal of Gerontological Social Work
Volume: 2
Issue: 3
Pages: 199-211
Keywords: Chinese; cultural competency; other (aging theory)
Abstract: Continuity/Discontinuity theory provided the theoretical framework in this exploratory and descriptive study. Utilizing interview schedules and four sets of variables to represent life patterns, middle age 40 was compared with current age of 150 elderly participants in three nutrition programs. For the most part, the continuity theory was supported more than the discontinuity theory and there were greater similarities than differences in patterns of continuity/discontinuitydiscontinuity among Chinese, Mexican, and Black American elderly participants. Some research and practice issues were identified to generate future interest in exploring new variables and frontiers to further test this important theory.

Reference Type: Journal Article
Author: Chen, D.S.
Year: 1991
Title: Cultural Competence in the Care of Chinese Persons in New York City: A Symposium
Journal: Price Institute Journal
Volume: 10
Issue: 4
Pages: 6-17

Keywords: Chinese; cultural competency; community services
Abstract: Illustrations of culturally competent care across disciplines. "Cultural influences create attitudes, beliefs, values, and behavior. Cultural competence, then, must mean provision of sensitive and effective care to clients from different cultures. When we deal with cultural competence we must first be aware of our own cultural values, and we must recognize how they influence our own attitudes and behavior. Then we must understand the cultural values of our clients and how these values influence their behavior and attitudes." (p6)

Reference Type: Journal Article
Author: Chen, M.S.
Year: 1994
Title: Status of Health Research in Asian/Pacific Islander American Populations
Journal: Asian American and Pacific Islander Journal of Health
Volume: 2
Issue: 4
Pages: 303-308
Keywords: API; demography; other (research)
Abstract: "For the twenty minutes that have been allocated, I wish to address the question, 'What is the status of health research in Asian/Pacific Islander American populations?'. In the context of this presentation, let me first operationally define the components of this question. Second, I shall describe the sources of data and methodology for addressing this question. Third, I shall discuss the results, conclude, and recommend an action plan."

Reference Type: Journal Article
Author: Chen, MS Jr; Anderson, J; Moeschberger, M; Guthrie, R; Kuun, P; Zaharlick, A
Year: 1994
Title: An Evaluation of Heart Health Education for Southeast Asians
Journal: American Journal of Preventive Medicine
Volume: 10
Issue: 4
Pages: 205-8
Keywords: SE Asian; health promotion/disease prevention
Abstract: We present data on the effects of a heart health education intervention targeted at adult Southeast Asians. Within each of the Cambodian, Laotian, and Vietnamese groups who received the intervention, we obtained random samples approximately three to 18 months postintervention. Comparisons were made between preintervention and posintervention knowledge of blood pressure and awareness of behaviors to present heart disease. Within all three ethnic samples, we found significant increases in the pre-to-post percentages of individuals who could define blood pressure and identify ways to prevent heart disease.

Reference Type: Journal Article
Author: Chen, M.S.; Hawks, BL
Year: 1995
Title: A Debunking of the Myth of Healthy Asian Americans and Pacific Islanders
Journal: American Journal of Health Promotion
Volume: 9
Issue: 4
Pages: 261-268
Keywords: API; health status; health promotion; cultural competency
Abstract: This article relates to the image of the model of healthy Asian American and Pacific Islander (AAPI). More specifically, the purpose of this article is to present and discuss three

reasons why AAPIs are underserved and to offer recommendations for rectifying underservice. In so doing, the "bottom line" from this review of the literature is that the model AAPI stereotype is a myth. Moreover, considerable needs and challenges face those who wish to serve AAPIs.

Reference Type: Conference Proceedings
Author: Chen, C.H.C.
Year: 1998
Title: Reproductive Health Status and Issues for Asian Women in the State of Hawaii and the City of Seattle
Conference Name: Asian Americans and Pacific Islanders Healthy Community Now!
Conference Location: Seattle, WA
Keywords: API; health status; demography
Abstract: Tables on reproductive health status and issues for Asian women in the State of Hawaii and City of Seattle are presented.

Reference Type: Book Section
Author: Chen-Louie, T-T
Year: 1983
Title: Nursing Care of Chinese-American Patients
Book Title: Ethnic Nursing Care: Multicultural Approach
Editor: MS Orque, B Bloch, & LSA Monrroy
Publisher: CV Mosby
City: St. Louis, MO
Pages: 184-218
Keywords: Chinese; medical services; cultural competency; alternative medicine
Abstract: Health care professionals attempt to provide quality health care to patients. This may be challenging when they encounter patients who do not speak the same language. Caregivers may find that patients do not follow treatment plans, and they interpret directions in their own ways or perhaps consult their own cultural healers. This behavior may be the product of cultural shock resulting from immigration. Eventually they will acculturate into American society. They will learn to have American ways in order to survive in this society. If they are willing to work hard, they will make the grade. They will get equal treatment when they fully become English-speaking citizens. Health practitioners must examine many of the previous assumptions of the dominant society and learn knowledge of the culture that can assist in service of ethnic minority patients, in this case, Chinese American patients.

Reference Type: Journal Article
Author: Cheng, T.H.
Year: 1971
Title: Schistosomiasis in Mainland China: A Review of Research and Control Programs Since 1949
Journal: American Journal of Tropical Medicine and Hygiene
Volume: 20
Issue: 1
Pages: 26-53
Keywords: international; health status; disease; health promotion/disease prevention
Abstract: This article is based on a review of about 250 published reports, largely in Chinese biomedical journals, on interviews with Chinese expatriates and Japanese scientists, and on news reports from communist, noncommunist, and neutral sources. It relates the progress made toward the control of schistosomiasis in mainland China during the past 20 years. There is little doubt that great progress has been made toward the control of schistosomiasis in China.

Recently, owing at least in part to the Cultural Revolution, a 7-year plan to eradicate schistosomiasis has fallen behind schedule.

Reference Type: Journal Article
Author: Cheng, TO
Year: 1973
Title: Medicine in Modern China
Journal: Journal of the American Geriatric Society
Volume: 21
Pages: 289-313
Keywords: international; medical services/hospitals/doctors; disease; health status
Abstract: The Chinese-born author gives an illustrated account of his visit to China in 1972, twenty-two years after he left that country in 1950. For the first time in her history China appears to be self-sufficient in taking care of the medical needs of her people. Among the many medical developments are the revitalization of traditional medicine, the emergence of "barefoot" doctors, the synthesis of insulin, the successful rejoining of severed limbs and fingers, family planning, the management of extensive burns, the successful treatment of choriocarcinoma by chemotherapy, and acupunctural anesthesia. Of great significance is the apparent increase of coronary artery disease among the Chinese. Whether the increased incidence is relative due to more accurate diagnosis and longer life expectancy, or absolute due to better nutrition and perhaps over-eating, is not yet certain. In contrast, the incidence of lung cancer has not shown an increase despite the prevalence of cigarette smoking among the Chinese. Cancer is one of the major killers; a constant campaign is waged for the early discovery of malignant tumors. Despite the twenty-three years of isolation, medicine in China is as modern as that in the United States, and physicians still speak the same language.

Reference Type: Book
Author: Cheng, E
Year: 1978
Title: The Elder Chinese
Publisher: The Campanile Press, San Diego State University
City: San Diego, CA
Keywords: Chinese; health status; community services; cultural competency; demography
Abstract: The study of Chinese elders was undertaken as an integral part of a larger Cross-Cultural Study of Minority Elders in San Diego County. The study as a whole, extended over a two-year period, 1974-1976, and was funded by the Administration on Aging. In addition to Chinese, seven other populations of minority elders were encompassed within the research. These included, American Indian, black, Guamanian, Japanese, Lationo, and Pilipino elders, age 50 years or more. The research was undertaken with three specific objectives in mind: First, to analyze characteristic lifestyles and customs, as well as the primary interactional networks of ethnic minority groups and in this case, especially those of Chinese elders. Second, to explore and delineate the perceptions and viewpoints of the Chinese elders toward formal programmatic assistance and human service networks with the overall intent of tracing, where possible, the interactions between the formal programs and the primary networks. Third, to test out a methodology appropriate to obtaining information about ethnic minority populations and specifically the elders of these populations. To a large extent, the third objective guided the total study.

Reference Type: Journal Article
Author: Cherry, RL; Magnuson-Martinson, S
Year: 1981
Title: Modernization and the Status of the Aged in China: Decline or Equalization?

Journal: Sociological Quarterly
Volume: 22
Pages: 253-261
Keywords: international; Chinese; other (modernization)
Abstract: This paper explores what we term the "modernization model" and its central proposition, that there is an inverse relationship between modernization and the status of the aged. Our purpose is to determine whether qualifications may be warranted in the face of existing historical and contemporary descriptions of Chinese life.

Reference Type: Journal Article
Author: Chester, B.; Holtan, N.
Year: 1992
Title: Cross-Cultural Medicine a Decade Later: Working With Refugee Survivors of Torture
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 301-304
Keywords: mental health; immigration/refugee
Abstract: Numerous factors must be taken into account to best provide for the health and well-being of refugee patients in developed countries. One issue that is rarely considered is the awful and not uncommon occurrence of political torture. Large numbers of refugees and other displaced persons are survivors of political torture, and health care professionals must be prepared for this possibility when treating refugee patients. The effects of torture are pervasive, and we provide some practical considerations for health professionals who care for survivors of torture. Specific challenges include problems relating to exile and resettlement, somatic symptoms and pain, and 'medicalization' of torture sequelae.

Reference Type: Journal Article
Author: Cheung, LY-S; CHO, ER; Lum, D; Tang, TY; Yau, HB
Year: 1980
Title: The Chinese Elderly and Family Structure: Implications for Health Care
Journal: Public Health Reports
Volume: 95
Issue: 5
Pages: 491-495
Keywords: Chinese; cultural competency; family/caregiving/intergenerational; demography
Abstract: In today's world, however, the emphasis on the individualism, nuclear family autonomy in an urban-industrial milieu, and economic discrimination against minorities often create pressures on the children of Chinese immigrants that lead to disregard for their elderly parents. In recent years, as the number of elderly has increased and the influence of cultural norms and traditional structures has diminished, the problems of older Asians have multiplied. Inadequate income reduced physical capabilities and social isolation often make old age a period of degeneration and suffering. Of particular importance is the health care of the poor and minority elderly. The Chinese elderly especially are confronted with poverty, isolation, racial discrimination, poor housing, and poor health. Research data are notably lacking on the health care patterns of the Chinese elderly, particularly in terms of the family support system.

Reference Type: Book Section
Author: Cheung, F.K.
Year: 1991
Title: The Use of Mental Health Services by Ethnic Minorities

Book Title: Ethnic Minority Perspectives on Clinical Training and Services in Psychology
Editor: Myers, H.F.; Wohlford, P.; Guzman, L.P.; Echemendia, R.J.
Publisher: American Psychological Association
City: Washington, D.C.
Pages: 23-31
Keywords: mental health; cultural competency; demography; medical services/hospitals/doctors
Abstract: Although there were many indications of gains in serving mentally ill minorities in the communities through the 1970s, there was still a large number who remained unserved or inappropriately served. It seems that ethnic minorities such as African Americans, Hispanic Americans, American Indians, and Asian Americans are among these groups because of their race and cultural background and, for many their socioeconomic status. Even though we see an increase in the use of mental health services, there is no indication of the efficacy of such services. In fact, a review of the literature of minority service utilization has shown that minorities still tend to underutlize the available mental health services because of existing barriers, which will be discussed next.

Reference Type: Journal Article
Author: Chi, I; Yip, PS; Yu, GK; Halliday, P
Year: 1998
Title: A Study of Elderly Suicides in Hong Kong
Journal: Crisis
Volume: 19
Issue: 1
Pages: 35-46
Keywords: international; Chinese; mental health
Abstract: Hong Kong has one of the highest rates of suicide among the elderly in the world. Most of the existing suicide prevention programs have had very little effect on the elderly, who rarely utilize these programs. This study aims to help in understanding the problem, so that effective prevention can be provided to this high-risk group of suicidal people. Specifically, the study (1) describes the characteristics of the suicidal elderly, (2) investigates the reason(s) why the elderly are in distress and become suicidal, and (3) formulates a policy and service model to reach the elderly high-risk group. This research project involves secondary data analysis.

Reference Type: Journal Article
Author: Chia, BH; Tsoi, WF
Year: 1972
Title: Suicide in Singapore
Journal: Singapore Medical Journal
Volume: 13
Pages: 91-97
Keywords: international; Singapore; mental health
Abstract: In this paper, an attempt has been made to examine the problem from the epidemiological, social and psychiatric angle, and to draw conclusions that may serve as a practical guide to medical practitioners in the management of cases and reveal the various factors that had high positive correlations to suicide.

Reference Type: Report
Author: Chicago Department on Aging
Year: 1996
Title: 1996 Annual Report: Creating Options for Chicago's Older Population
Institution: City of Chicago

Keywords: API; demography
Abstract: Describes programs and priorities.

Reference Type: Journal Article
Author: Chin, SY
Year: 1991
Title: Korean Birthday Rituals
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Issue: 2
Pages: 145-152
Keywords: Korean; cultural competency; immigration/refugee
Abstract: This paper, based on a four year comparative ethnographic study of late life rituals among Korean and Korean Americans, discusses the ways in which late life rituals change to meet the differing and changing environments. Using the Korean 60th birthday ritual, *hwangap*, observed in Korea and the United States, the social context of aging in Seoul and within the ethnic Korean American community in San Francisco is discussed. As Korea is undergoing vast social changes, the traditional ritual is compared to the transformed manifestations of the ritual. Migration to the United States provides another transformation of the tradition ritual.

Reference Type: Journal Article
Author: Chin, Soo-Young
Year: 1992
Title: This, That, and the Other: Managing Illness in a First Generation Korean American Family
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 305-309
Keywords: Korean; family/caregiving; immigration/refugee; cultural competency; alternative medicine
Abstract: The use of Western medicine and of holistic traditional medicine and health rituals is common in Korean American families with a chronically ill member. Case is presented as an example of complexity of health management in first generation Korean American immigrants. Immigration & acculturation issues, Confucian-related sociocultural and psychological factors, and the psychiatric diagnosis of Western specialists all elicited family conflict leading to emotional & psycologic distress.

Reference Type: Report
Author: Chinn, G; Newcomb, L
Year: 1973
Title: On the Feasibility of Training Asians to Work with Asian Elderly: A Preliminary Assessment of Needs and Resources Available to Asian Elderly in Seattle, Washington
Institution: Training Project for the Asian Elderly
Keywords: API; community services
Abstract: Survey of Asian elders living in Seattle, WA using a snowball sampling approach. Describes respondents and concerns.

Reference Type: Conference Proceedings
Author: Cho, PJ
Year: 1990
Title: Family Care of the Asian American Elderly: Myth or Reality?. In Aging and Old Age in

Diverse Populations.
Conference Name: Minority Affairs Initiative Empowerment Conference
Editor: Persons, American Association of Retired
Publisher: American Associatiion of Retired Persons
Pages: 55-88
Keywords: API; family/caregiving/intergenerational
Abstract: Research is scarce on issues affecting the Asian American elderly. Existing studies, although inadequate, do suggest that the traditional practices that dictated that younger Asian Americans take care of their elders are weakening. In many instances, daughters, not sons, are taking care of elderly parents. In the early 1960s, some Americans began to promote the idea that Asian Americans were a "model minority," who tended to make every effort to succeed and to take care of their own needs. Asian American scholars argued that one result of this thesis was an assumption that Asian Americans did not need social assistance as much as other minority populations. However, not all Asian Americans are poorer than poor whites or other poor minorities. Some Asian American gerontologists recommend that public policies should provide support, such as respite care, child care, and supplemental income, to Asian American women who act as caregivers for the elders in their community.

Reference Type: Journal Article
Author: Choi, ES; McGandy, RB; Dallal, GE; Russell, RM; Jacob, RA
Year: 1990
Title: The Prevalence of Cardiovascular Risk Factors Among Elderly Chinese Americans
Journal: Archives of Internal Medicine
Volume: 150
Issue: 2
Pages: 413-418
Keywords: Chinese; disease; health status
Abstract: In 1981 to 1983, the nutrition and health status of 346 Chinese immigrants in Boston, Massachusetts, aged 60 to 96 years was surveyed and analyzed for cardiovascular risk factors. These elderly Chinese were physically active and seldom obese and consumed a high-carbohydrate (57% of total energy intake), low-fat (24% of total energy intake), low-ascorbic acid (0.62 mmol/d) diet. Current cigarette smoking was common (39%) only in men, while alcoholism was rare in both sexes. Compared with elderly whites, they had lower mean blood pressure and blood levels of total, low-density lipoprotein, and high-density lipoprotein cholesterol, apolipoproteins A-I and B, and ascorbic acid. These characteristics resemble those of the urban population in mainland China, where hemorrhagic stroke is the major cause of cardiovascular mortality.

Reference Type: Journal Article
Author: Choi, NG
Year: 1991
Title: Racial Differences in the Determinants of Living Arrangements of Widowed and Divorced Elderly Women
Journal: The Gerontologist
Volume: 31
Pages: 496-504
Keywords: family/caregiving/intergenerational; demography
Abstract: Ability to afford single, separate households has been perceived as the key determinant of living alone among single older women. This paper shows that, when race is analyzed separately, family-related variables such as marital history and the number of children raised, rather than economic affordability, are the most important factors in the living arrangement decision of widowed elderly women of color. Economic affordability also turns out

to be insignificant when white and nonwhite divorced elderly women are analyzed separately.

Reference Type: Journal Article
Author: Choi, H
Year: 1992
Title: Cultural and Noncultural Factors as Determinants of Caregiver Burden for the Impaired Elderly in South Korea
Journal: The Gerontologist
Volume: 33
Issue: 1
Pages: 8-15
Keywords: international; Korean; cultural competency; family/caregiving/intergenerational
Abstract: Do cultural values (individualism, independence, and conjugalism in the United States versus patrilinealism in Asia) affect caregiver patterns and sense of burden? This study investigated the determining variables of caregiver burden in caring for impaired older relatives of South Korea. Economic factors, daily caregiver hours, and caregiver health status (noncultural factors) emerged as the most important determinants of caregiver burden in Korea. Though not a powerful predictor, caregiver congruency with the traditional caregiver selection norms remained a statistically single predictor of certain dimensions of caregiver burden.

Reference Type: Journal Article
Author: Chow, N.W-S.
Year: 1983
Title: The Chinese Family and Support of the Elderly in Hong Kong
Journal: The Gerontologist
Volume: 23
Issue: 6
Pages: 584-588
Keywords: international; Chinese; family/caregiving/intergenerational; cultural competency
Abstract: It is widely believed that elders should receive care from their children, but many elders live independently and have only distant contact with their children. The disparity between the expectations of filial care and the reality raise two questions: how should the disparity be resolved so that the elderly can be assured of social and economic security without at the same time estranging them from their own families, and can families continue to play an active role in supporting the elderly as the latter become financially more independent?

Reference Type: Journal Article
Author: Chow, N
Year: 1987
Title: Caregving in Developing East and Southeast Asian Countries
Journal: The Hong Kong Journal of Social Work
Volume: 21
Issue: 1
Pages: 1-8
Keywords: international; community services; family/caregiving/intergenerational
Abstract: This paper discusses the change in the caregiving pattern for the urban elderly in developing countries of East and Southeast Asia. These countries are selected for examination because their elderly have been hardest hit by the forces of urbanization and industrialization which have only begun in their countries within their life-time. For most of them, the world was as it has been for thousands of years when they were born; however, as they grew up, not only had traditional norms and customs waned and passed away, resulting thus a change in the kind

of care they received, but they themselves also had to move away from their familiar agrarian environment to the unknown cities. Now, as they are entering into their old age, they find life entirely different from what they had seen of their ancesters, and it represents to them a most trying and difficult period.

Reference Type: Journal Article
Author: Choyou, P.H.; Nomura, A.M.Y.; Stemmermann, G.N.
Year: 1992/1993
Title: Cancer in the Elderly: A Prospective Study Among Hawaiian Japanese Men
Journal: Asia Pacific Journal of Public Health
Volume: 6
Issue: 4
Pages: 195-199
Keywords: Japanese; disease; health status
Abstract: In the United States, little has been done to compare the cancer risk of elderly subjects, aged 65 and older, with that of younger subjects. Although the elderly constitute only 12% of the population, they are diagnosed with more than 50% of the cancers. The study consisted of 7,783 Japanese-American men, born from 1900-1919 and examined from 1965-1968. During 154,000 person-years of follow-up, 1,1478 incident cases of cancer were identified. The incidence of cancer was high among the elderly (142.7 per 10,000 person-years) compared with younger subjects (48.2 per 10,000 person-years), yielding a significant ($P<0.05$) rate ratio of 3.0. Of the site-specific cancers, prostate cancer showed the highest rate ratio of 7.0, followed by oral, stomach, lung, and colon cancer. In addition, the five-year age-specific rates for stomach and colon cancer rose directly with age. A similar pattern was also observed for lung and prostate cancer in men before age 80, but the rates declined thereafter. The findings from this study suggest that the reduction in risk for cancers of the prostate, oral cavity, stomach, lung, and colon must be viewed as a major goal for improving the public health in the elderly population.

Reference Type: Journal Article
Author: Chung, HL; Tai, JH; Lin, YS; Ch'iu, CL; Chu, PJ; Ch'eng, SP; Shen, TM; Chu, HH
Year: 1962
Title: Diabetes Mellitus: A Clinical Analysis of 922 Cases
Journal: Chinese Medical Journal
Volume: 81
Pages: 511-525
Keywords: international; disease; Chinese
Abstract: Diabetes mellitus is one of the most common metabolic-endocrine diseases. Clinical studies on two series of cases have been reported in this country by Wang (1) and Shao (2). The purpose of this paper is to report on an analysis of our clinical and laboratory findings in 922 cases collected from three teaching hospitals of the Shanghai First Medical College, comprising 744 cases from the First Teaching Hospital (1942-1957), 112 cases from the Chung Shan Hospital (1946-1957) and 66 cases from the Maternity Hospital (1953-1956).

Reference Type: Journal Article
Author: Chung, RC; Kagawa-Singer, M
Year: 1993
Title: Predictors of Psychological Distress Among Southeast Asian Refugees
Journal: Social Science Medicine
Volume: 36
Issue: 5
Pages: 631-9

Keywords: SE Asian; immigration/refugee; mental health
Abstract: This paper analyzed data from one of the first needs assessment projects on a representative non-clinical population of Southeast Asian refugees in the United States in order to test two hypotheses: (1) whether or not premigration experiences still have an effect on psychological distress beyond the initial resettlement period and (2) whether or not interethnic group differences existed in the predictors of psychological distress between three Southeast Asian refugee groups, the Vietnamese, Cambodians, and Lao. The results of the analysis of 2180 subjects supported both hypotheses. Regardless of ethnicity and the number of years in the U.S., premigration trauma events and refugee camp experiences were significant predictors of psychological distress even 5 years or more after migration and significant group differences in the types of postmigration distress predictors were also found. Acculturation concerns for the Vietnamese and Lao were influenced by both premigration and postmigration variables. In contrast, the primary concerns of the Cambodians were still related to premigration issues. The results also indicated that Vietnamese and Lao women were more likely to experience distress than their male counterparts, but no gender differences emerged for the Cambodians. Age predicted distress for Vietnamese and Cambodians, but not Lao. Similar to previous findings in the literature, Cambodians reported the highest levels of distress, followed by Lao and then Vietnamese. Interpretations of these results for this community sample are proposed.

Reference Type: Journal Article
Author: Chung, H; Lu, F
Year: 1996
Title: Ethnocultural Factors in the Development of an Asian American Psychiatrist.
Journal: Cultural Diversity Mental Health
Volume: 2
Issue: 2
Pages: 99-106
Keywords: API; medical services/hospitals/doctors; cultural competency
Abstract: Despite rising numbers of Asian American psychiatric trainees, little has been written about the specific problems arising in training for members of this ethnic minority group. The authors discuss some of the difficulties for the Asian American psychiatric trainee, in relation to stigma of mental illness and its impact on the trainee's decision to enter psychiatry, ethnic identity and stereotyping, psychotherapy supervision, and career opportunities. Specific vignettes will describe each of these situations and the internal conflicts they engender during training. The resolution of these conflicts will be described within a transference and counter transference framework with the intent of providing a starting point for process-oriented supervision geared toward the development of a professional identity. Specific recommendations will be given for the educational and career development process for Asian American psychiatric trainees.

Reference Type: Journal Article
Author: Chung, RC; Bemak, F
Year: 1996
Title: The Effects of Welfare Status on Psychological Distress among Southeast Asian Refugees
Journal: Journal of Nervous Mental Disorders
Volume: 184
Issue: 6
Pages: 346-53
Keywords: SE Asian; mental health; other (welfare)
Abstract: This study examined the relationship between welfare status and psychological well-being among Vietnamese, Cambodian, Laotian, and Hmong refugees. The study compared three welfare groups: those who have never been on welfare, those who were once dependent on welfare and are no longer on welfare,

and those who are still welfare-dependent. The results supported three hypotheses: a) a high percentage of all four refugee groups were still dependent on welfare even after being in the United States for an average of 5 to 6 years, b) a significant relationship was found between welfare dependency and psychological distress, and c) dependence on welfare had long-term effects for all four groups. An interesting finding that emerged for the Vietnamese, Cambodians, and Laotians was that individuals who were once on welfare but who are no longer receiving welfare benefits are at similar risk as their
counterparts who are currently on welfare of developing psychological distress. The findings therefore showed that for this population, if individuals had been touched by welfare at any period in their lives, they were at risk of developing
psychological distress. There was an unexpected different finding for the Hmong; individuals who were no longer on welfare were more at risk than those who continued to receive or never had received welfare. Reasons for the intergroup differences and why refugees tended to stay on welfare longer than the general population were explored, along with a discussion about the implications of the findings for refugee policy.

Reference Type: Book Section
Author: Churchill, LP
Year: 1920
Title: The Samoan Family
Book Title: Samoa 'Uma Where Life is Different
Publisher: Forest and Stream Publishing Company
City: New York
Pages: 24-33
Keywords: Samoan; family/caregiving/intergenerational; cultural competency
Abstract: Chapter 2 -- "The Samoan Family" explores family life and traditions within the Samoan community.

Reference Type: Report
Author: Clearinghouse, Newcomer Information
Year: 1997
Title: SF Profile of Immigrants & Refugees: A Research Tool for Welfare Reform, Job Readiness, and Self-Sufficiency
Institution: International Institute of the East Bay
Date: March
Keywords: immigration/refugee; demography
Abstract: Overview of immigrant & refugee populations in San Francisco (all ages).

Reference Type: Newspaper Article
Reporter: Coakley, R.
Year: 1988
Title: Quincy Struggles with Animosity Toward Asians
Newspaper: The Boston Globe
City: Boston, MA
Pages: 21
Date: 10/19/88
Keywords: cultural competency; family; immigration
Abstract: Describes conflict in a suburban community of Boston, MA.

Reference Type: Journal Article
Author: Cohen, J; Reed, D

Year: 1985
Title: The Type A Behavior Pattern and Coronary Heart Disease Among Japanese Men in Hawaii
Journal: Journal of Behavioral Medicine
Volume: 8
Pages: 343-352
Keywords: Japanese; disease
Abstract: This is a study of the association of Type A behavior with the prevalence and 8-year incidence of coronary heart disease (CHD) among 2187 Japanese men in the Honolulu Heart Program cohort. Type A behavior was determined by the Jenkins Activity Survey questionnaire in 1970. The prevalence rate of total CHD was significantly associated with Type A behavior, and this association was independent of other major risk factors in multivariate analyses. With the incidence data, however, there was no significant association of any clinical type of CHD with Type A behavior. Examination of the relationship of Type A behavior to other risk factors showed significant associations with serum cholesterol, obesity, physical inactivity, and alcohol consumption. Pathologic findings among 48 men who died showed no association of Type A behavior with microscopic evidence of myocardial infarction or with grades of atherosclerosis in the coronary arteries and aortas.

Reference Type: Report
Author: Collins, W; Yee, D.L.
Year: 1972
Title: Health Assessment of Elderly Filipinos in the International District
Institution: Demonstration Project on Asian Americans, Seattle, WA
Keywords: Filipino; health status; community services; cultural competency; family/caregiving/intergenerational
Abstract: Study conducted of Filipinos in King County to assess health status and social support systems available to them. Among the findings is the frequency with which older men (50 and older) returned to the Philippines and returned to the US with young wives (in their 20s). Caution was raised about the potential needs of the relatively recent growth of "three generation" nuclear families.

Reference Type: Journal Article
Author: Connor, JW
Year: 1974
Title: Acculturation and Family Continuities in Three Generations of Japanese Americans
Journal: Journal of Marriage and the Family
Volume: 36
Pages: 159-165
Keywords: Japanese; cultural competency; family/caregiving/intergenerational
Abstract: The object of this paper is to examine the extent to which the Japanese American family has retained a number of the characteristics which are associated with the family system in Japan. Interviews were conducted with 299 individuals in three generations of Japanese Americans. The evidence indicates that while considerable acculturation has taken place, even the third generation of Japanese Americans still retain certain characteristics of the more traditional Japanese family system.

Reference Type: Journal Article
Author: Cooper, R.A.; Stoflet, S.J.
Year: 1996
Title: Trends in the Education and Practice of Alternative Medicine Clinicians
Journal: Health Affairs

Volume: 15
Issue: 3
Pages: 226-238
Keywords: alternative medicine; medical services
Abstract: This study projects that the per capita supply of alternative medicine clinicians (chiropractors, naturopaths, and practitioners of oriental medicine) will grow by 88% between 1994 and 2010, while physician supply will grow by 16%. This increase is associated with growth in the number and size of alternative medicine colleges and in the opportunities these graduates have for licensure and practice. This study calls for an assessment of the education and regulation of clinicians across the range of disciplines who will be providing patient care in the 21st Century.

Reference Type: Journal Article
Author: Cox, C
Year: 1986
Title: Physician Utilization by Three Groups of Ethnic Elderly
Journal: Medical Care
Volume: 24
Issue: 8
Pages: 667-676.
Alternate Journal: Medical Care, 24
Keywords: Vietnamese; medical services; cultural competency
Abstract: Determinants of physician utilization were examined among three groups of ethnic elderly, Vietnamese, Portuguese, and Hispanic, living in Santa Clara, California. Andersen and Newman's behavioral model provided a framework for the analysis. Univariate analysis described and compared the three groups in terms of predisposing, enabling, and needs factors as well as factors related to ethnicity such as language and language of the physician. Least squares regression compared the predictors of utilization for the samples. The results suggest that ethnicity is not necessarily a barrier to care but that providers must be sensitive to the cultural diversities of patients and the effects they can have on utilization.

Reference Type: Book Section
Author: Cox, C.
Year: 1987
Title: Overcoming Access Problems in Ethnic Communities
Book Title: Ethnic Dimensions of Aging
Editor: Gefland, DE; Barresi, CM
Publisher: Springer Publishing Company
City: New York
Pages: 165-178
Keywords: Vietnamese; cultural competency; other (research methods)
Abstract: The chapter describes the problems and methods involved in accessing older ethnic populations. A framework for access has been developed that is based on a model derived from social work and community organization. It was used in a research project that studied the health care of elderly Portuguese, Hispanic, and Vietnamese living in northern California.

Reference Type: Journal Article
Author: Cox, C; Gelfand, D
Year: 1987
Title: Familial Assistance, Exchange and Satisfaction Among Hispanic, Portuguese, and Vietnamese Ethnic Elderly

Journal: Journal of Cross-Cultural Gerontology
Volume: 2
Pages: 241-255
Keywords: Vietnamese; immigration/refugee; family/caregiving/intergenerational; demography
Abstract: This study examines the exchange of services and assistance patterns of Hispanic, Portuguese, and Vietnamese elderly with their children. The results indicate that the patterns of assistance vary significantly between groups. Parental expectations and satisfaction also varied. Overall familial interaction patterns and their relation to acculturation and the demands of immigrants are discussed.

Reference Type: Journal Article
Author: Cruz, IA; Hosten, AO
Year: 1991
Title: End Stage Renal Disease in Minorities
Journal: Journal of the National Medical Association
Volume: 83
Issue: 4
Pages: 309-312
Alternate Journal: Journal of the National Medical Association, 83 (4)
Keywords: API; disease
Abstract: The number of patients entering the End Stage Renal Disease (ESRD) program, especially from minority groups, has been increasingly progressive. The 133, 578 patients who were enrolled in the program in 1988 represented a 113% increase over the 1977 enrollment. There was a 100% increase in whites, a 103% increase in blacks, and a 102% increase for other minorities. While the overrepresentation of blacks is well known, there is scant information about the status of other minorities such as Hispanic Americans, American Indians, and Asian Americans in the program. This article focuses on the prominence of blacks and summarizes the published data regarding other minorities in the ESRD program.

Reference Type: Journal Article
Author: Curb, JD; Reed, D; Yano, K; Kautz, J; Albers, J
Year: 1986
Title: Plasma Lipids and Lipoproteins in Elderly Japanese American Men
Journal: Journal of the American Geriatrics Society
Volume: 34
Pages: 773-780
Alternate Journal: Journal of the American Geriatrics Society, 34
Keywords: Japanese; disease
Abstract: Knowledge about blood lipids in older individuals is limited. In the Lipoprotein Study of the Honolulu Heart Program, plasma cholesterol, triglyceride, and high-density lipoprotein (HDL) were measured during 1980 and 1981 in Japanese- American men over 60 years of age. In addition, low-density lipoprotein cholesterol (LDL-C) was estimated via a regression model. Age-related differences in mean lipid levels between the youngest (60 to 64 years) and the oldest (75 years and older) groups included a decrease in total cholesterol from 214 to 207 mg/dL and plasma triglyceride from 188 to 144 mg/dL. High density lipoprotein cholesterol rose from 47 to 49 mg/dL and LDL was relatively stable (137 and 135 mg/dL respectively). Age-adjusted total cholesterol tended to significantly increase with increasing body mass index and hematocrit but was not significantly related with systolic blood pressure, physical activity index, cigarettes per day, or alcohol intake. Among those variables HDL-C decreased significantly with increasing body mass index and hematocrit and increased significantly with increasing alcohol intake. Compared with elderly white men in the Lipid Research Clinic Program, total cholesterol values tended to be slightly higher, whereas HDL and LDL values were appreciably lower. Both

cholesterol and triglyceride values were substantially higher than values reported from Japan from men in these age groups.

Reference Type: Journal Article
Author: Curb, JD; Reed, D; Miller, FDW; Yano, K
Year: 1990
Title: Health Status and Life Style in Elderly Japanese Men with a Long Life Expectancy
Journal: Journal of Gerontology: Social Sciences
Volume: 45
Issue: 5
Pages: S206-S211
Alternate Journal: Journal of Gerontology: Social Sciences, 45
Keywords: Japanese; health status; disease
Abstract: The Japanese population in Hawaii has one of the longest life expectancies of any large population subgroup in the U.S. and the world. Cross-sectional data on 1379 elderly, noninstitutionalized, male Japanese American survivors of a population-based cohort study indicated the most common health problems were hypertension (43%), arthritis (33%), diabetes (13%), and gout (9%). For cancer and hypertension there is a trend toward higher prevalence in older age groups. For coronary heart disease, stroke, and angina the oldest age group (75-81 years) has a higher prevalence than that seen in younger age groups. Other relatively common diseases such as diabetes, gout, peptic ulcer, and arthritis do not have higher prevalence in older age groups. Drugs reported to be used frequently by study participants were for hypertension, gout, CHD, and diabetes. The prevalence rates of major limitations of mobility and of living alone appear to be relatively low in this population. Less than one percent of the current population rate their health status as poor. The prevalence of normal serum cholesterol and smoking are similar to those seen in U.S. White males, while the rates of hypertension appear lower. Prevalence rates for stroke and heart attack also appear to be somewhat lower in those long-lived individuals than those seen in U.S. Whites.

Reference Type: Journal Article
Author: Damron-Roderiguez, J.
Year: 1991
Title: Commentary: Multicultural Aspects of Aging in the U.S.: Implications for Health and Human Services
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Issue: 2
Pages: 135-143
Keywords: immigration/refugee; cultural competency; community services
Abstract: This is a synthesis of the papers presented in this volume. This collection provides health and human service providers with useful concepts for developing culturally relevant services for ethnic elders.

Reference Type: Journal Article
Author: Davis, JW; Ross, PD; Vogel, JM; Wasnich, RD
Year: 1991
Title: Age-Related Changes in Bone Mass Among Japanese American Men
Journal: Bone and Mineral
Volume: 15
Issue: 3
Pages: 227-236

Alternate Journal: Bone and Mineral, 15(3)
Keywords: Japanese; health status
Abstract: Bone mass and appendicular bone loss rates were examined in a cohort of Japanese-American men. Across their age range (ages 61 to 82 years) bone mass steadily declined at the proximal and distal radius, and at the calcaneus. The cross-sectional reduction in bone mass was 3.5-6.3% per decade at the various sites. Longitudinal measurements of the same cohort indicated greater losses than suggested by the cross-sectional data, yet still less than 10% per decade. Linear trends of increasing loss rates with aging were significant at the calcaneus, and marginally significant at the radius sites. However, the oldest men in the cohort strongly influenced these trends. Men under age 75 had essentially constant annual rates of bone loss. The most elderly men had both the lowest bone mass and the greatest bone loss rates.

Reference Type: Journal Article
Author: Davis, JW; Ross, PD; Wasnich, RD
Year: 1994
Title: Evidence for Both Generalized and Regional Low Bone Mass Among Elderly Women
Journal: Journal of Bone and Mineral Research
Volume: 9
Pages: 305-309
Alternate Journal: Journal of Bone and Mineral Research, 9
Keywords: Japanese; health status
Abstract: The consistency of bone mass measurements across bone sites was examined in a cohort of elderly Japanese-American women. The study included 744 women of mean age 66.6 years (age range 47-82 years) who had bone densitometry measurements at the spine, calcaneus, and distal and proximal radius. The women were classified at the four bone sites as in the lower, middle, or upper bone mass tertile for their age. The results suggest that osteoporosis may occur as either a generalized or as a regional disorder.

Reference Type: Journal Article
Author: Deeley, PJ; Kaufman, E; Yen, MS; Jue, A; Brown, E
Year: 1979
Title: The Special Problems and Treatment of a Group of Elderly Chinese Opiate Addicts in New York City
Journal: British Journal of Addiction
Volume: 74
Pages: 403-409
Alternate Journal: British Journal of Addiction, 74
Keywords: Chinese; community services; other (drug misuse)
Abstract: The Lower Eastside Service Center (LESC) is a social agency which first opened its doors in 1959. The agency's purpose was to rehabilitate narcotic addicts on the lower east side of New York City, which borders on Chinatown. Until 1962 it was manned by volunteers, at which time the Center obtained a sub-contract from Mobilization for Youth (MFY) to provide services to drub abusers. At that time the agency expanded and obtained a full-time professional staff. Presently, LESC has grown into a multimodality agency which offers ongoing treatment services to over 1000 abusers. A philosophy of the agency has been to reach the drug addict who would not ordinarily seek help. Originally, there were a few Chinese drug addicts who utilized the agency for concrete services such as obtaining admission to hospitals for detoxification, assistance with welfare and housing.

Reference Type: Journal Article
Author: Dein, S.
Year: 1992

Title: The Management of Illness by a Filipino Psyhic Surgeon: A Western Physician's Impression
Journal: Social Science Medicine
Volume: 34
Issue: 4
Pages: 461-464
Keywords: alternative medicine; international; Filipino
Abstract: A number of different conditions, both physical and psychological, are managed by a psychic surgeon in Uredanetta, North Luzon, Philippines. Apart from 'operating', psychic surgery involves injections, prayer and manipulation. During 3 months of fieldwork patients were examined clinically to establish baseline measurements of suffering as well as to confirm the diagnosis of the psychic surgeon. The nature of a psychic operation, spiritual injection and manipulation was then identified. Efficacy was crudely assessed by post operative measurement of suffering and satisfaction. Overall it was found that psychic surgery did influence illness. Whether it affects the underlying disease remains uncertain.

Reference Type: Journal Article
Author: Dejong, GF; Davis-Root, B
Year: 1986
Title: Family Reunification and Philippine Migration to the United States: The Immigrants' Perspective
Journal: International Migration Review
Volume: 20
Issue: 3
Pages: 598-61 1
Alternate Journal: International Migration Review, 20
Keywords: Filipino; immigration/refugee; family; demography
Abstract: This article focuses on the impact of the family reunification provisions in the United States immigration policy for legal immigration from the Philippines. Immigration and Naturalization Service data on the changing pattern of Philippine immigration to the United States between 1971 and 1984 show an increase of nearly two-and-a-half times in the number of immediate family members exempt from numerical limitations, a doubling in the number of immigrants entering under family preference categories, but a marked decline in the number of occupational preference immigrants. Immigration-related plans, behavior, and characteristics from the immigrants' perspective are also analyzed. A family reunification policy-based typology has been constructed to categorize intended and actual immigrants to the United States. Using this typology, systematic differences are reported for out-migration plans, family contacts, the immigrant process, and the characteristics of intended and actual immigrants.

Reference Type: Journal Article
Author: Dickinson, LE; MacMahon, B; Cole, P; Brown, JB
Year: 1974
Title: Estrogen Profiles of Oriental and Caucasian Women in Hawaii
Journal: New England Journal of Medicine
Volume: 291
Pages: 1211-1213
Alternate Journal: New England Journal of Medicine, 291
Keywords: Chinese; Japanese; disease; health status
Abstract: It has previously been suggested that young women who excrete a low proportion of urinary estrogen as estriol are at high risk for breast cancer. Breast cancer rates of Oriental women in Hawaii are lower than those of Caucasians but substantially higher than those of

Oriental women in Asia. In this study three estrogens were measured in urine of women 15 to 39 years old in Honolulu; 101 study subjects were of Chinese, 132 of Japanese, and 129 of Caucasian descent. Caucasians in Hawaii whose breast cancer rate is high and similar to that of Caucasians on the North American mainland, had estriol ratios similar to those of mainland women. Japanese and Chinese of Hawaii showed estrogen profiles different from those seen in Japan and China and approaching those of Caucasians. The observations support the idea that the urinary estriol ratio of young women is associated inversely with breast cancer risk.

Reference Type: Journal Article
Author: Die, A.H.; Seelbach, W.C.
Year: 1988
Title: Problems, Sources of Assistance, and Knowledge of Serving Elderly Vietnamese Immigrants
Journal: The Gerontologist
Volume: 28
Issue: 4
Pages: 448-452
Keywords: Vietnamese; community services; cultural competency; immigration/refugee; demography
Abstract: 60 elderly Vietnamese immigrants indicated problems with money, medical care, sadness, worry and discouragement. Most important were family and church or temple. Whereas the initial source of assistance with most problems was family, for housing, employment, medical care, and financial problems, it was social services agencies. Over 90% knew of, or utilized service organizations; but only 3% knew about the AAA.

Reference Type: Journal Article
Author: DiPasquale-Davis, J; Hopkins, SJ
Year: 1997
Title: Health Behaviors of an Elderly Filipino Group
Journal: Public Health Nursing
Volume: 14
Issue: 2
Pages: 118-22
Keywords: Filipino; medical services; health status; health promotion; cultural competency
Abstract: The purpose of this descriptive survey study was to examine how culture effects the health behaviors of 52 elderly Filipino women and men. The Health Behavior Survey was designed and used by the researchers in this study. Unhealthy behaviors identified were inclusion of fried foods in diet, weight gain, and little or no exercise. Because of the value placed on personal health by the participants, it appears the group would be receptive to a health promotion program which would increase their probability for a healthy life.

Reference Type: Thesis
Author: Doi, M.L.
Year: 1990
Title: Ethnicity, Ritual, and Aging Among Second Generation Japanese Americans
Academic Dept.: Human Development and Aging
University: University of California
City: San Francisco
Pages: 233
Thesis Type: Ph.D. Dissertation
Keywords: Japanese; cultural competency; family/caregiving/intergenerational

Abstract: This is an ethnographic study of the Nisei (second generation Japanese Americans) as they enter late life. The research on which this dissertation is based focuses on individual, family, and community rituals. In this thesis I analyze and interpret one ritual, the kanreki (a traditional Japanese rite of passage to old age at 60), to elaborate the social roles and statuses available to Nisei and the values placed on age, generation, family, and ethnic identity in the community. In this way, I seek to convey dimensions of the age experience for my informants.

Reference Type: Journal Article
Author: Doi, ML
Year: 1991
Title: A Transformation of Ritual: The Nisei 60th Birthday
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Issue: 2
Pages: 153-164
Keywords: Japanese; family; cultural competency
Abstract: Rituals are enactments of shared meanings, norms, and values. The *kanreki*, a traditional Japanese rite of passage to old age at 60, is now being celebrated by Nisei (second generation Japanese Americans). This paper examines the transformation of the Japanese rite of passage to a collective response among Nisei to the dilemmas of growing older in urban America

Reference Type: Edited Book
Editor: Doll, R; Muir, C; Waterhouse, J
Year: 1970
Title: Cancer Incidence in Five Continents
Series Author: Cancer, International Union Against
Publisher: Springer-Verlag
City: New York
Volume: 2
Number of Pages: 329
Keywords: international; disease
Abstract: A look at cancer rates in: India, Japan, New Zealand, and Hawaii (United States).

Reference Type: Journal Article
Author: Donahue, R; Abbot, R; Reed, D; Yano, K
Year: 1988
Title: Physical Activity and Coronary Heart Disease in Middle-Aged and Elderly Men: The Honolulu Heart Program
Journal: American Journal of Public Health
Volume: 78
Pages: 683-685
Alternate Journal: American Journal of Public Health, 78
Keywords: Japanese; disease
Abstract: The relationship of physical activity of the development of definite coronary heart disease was examined separately in middle-aged (45-64 years) and elderly men (65-69 years) who participated in the Honolulu Heart Program. After 12 years of follow-up, results indicated that increased levels of physical activity reported at study entry were inversely related to the risk of definite coronary heart disease in both age groups. In particular, among those aged 45 to 64 years, the rate of definite coronary heart disease in men who led active life styles was 30 per cent lower than the rate experienced by those who were less active (relative risk, 0.69; 95%

confidence interval, 0.53, 0.88). In those older than 64 years, the rate of definite coronary heart disease in active men was less than half the rate experienced by those who led more sedentary life styles (relative risk, 0.43; 95% CI, 0.19, 0.99). These results continued to hold up when controlling for several cardiovascular risk factors and potentially confounding variables, supporting earlier observations that physical activity is beneficial in middle-age, and further suggesting that benefits may extend to the elderly male population as well.

Reference Type: Journal Article
Author: Donner, W
Year: 1987
Title: Compassion, Kinship and Fosterage: Contexts for the Care of the Childless Elderly in a Polynesian Community
Journal: Journal of Cross-Cultural Gerontology
Volume: 2
Pages: 43-59
Alternate Journal: Journal of Cross-Cultural Gerontology, 2
Keywords: international; Polynesian; cultural competency; family/caregiving/intergenerational
Abstract: This paper discusses the social condition of the childless elderly on Sikaiana, a small-scale Polynesian community in the Solomon Islands. This discussion includes a broader examination of Sikaiana expectations and understandings about kinship, parenting, aging, and caring. High rates of fosterage, diffuse kinship obligations and membership in patrilineages provide the networks of relationships that determine care for the elderly. Moreover, Sikaiana is a relatively undifferentiated and personal community making it possible for the elderly, both with and without children, to remain cared for and involved in community activities. Future research should examine how care for the elderly in this and other small-scale communities is affected by increased participation in emigration, formal education, cash economy, and occupational specialization.

Reference Type: Journal Article
Author: Donow, HS
Year: 1990
Title: Two Approaches to the Care of an Elder Parent: A Study of Robert Anderson's *I Never Sang for My Father* and Sawako Ariyoshi's *Kokotsu no hito* [The Twilight Years]
Journal: The Gerontologist
Volume: 30
Issue: 4
Pages: 486-490
Alternate Journal: The Gerontologist, 30
Keywords: Japanese; international; family/caregiving/intergenerational; cultural competency
Abstract: Care of an elder parent is often regarded by the children as an unwanted burden. Anderson's 1968 play, *I Never Sang for My Father*, and Ariyoshi's 1972 novel, *Kokotsu no hito* [The Twilight years], show how two different families of two different cultures (American and Japanese) respond to this crisis. Both texts arrive at dramatically different conclusions: in one the children, Gene and Alice, prove unwilling or unable to cope with the problems posed by their father's need; in the other Akiko, though nearly overwhelmed with the burden of her father-in-law's illness, emerges richer for the experience.

Reference Type: Journal Article
Author: Douglas, KC; Fujimoto, D
Year: 1995
Title: Asian Pacific Elders: Implications for Health Care Providers
Journal: Ethnogeriatrics

Volume: 11
Issue: 1
Pages: 69-82
Keywords: API; cultural competency; alternative medicine
Abstract: Health care providers will be increasingly called on to care for Asian Pacific Islanders. Asian Americans in general have been called the "model minority," suggesting that they do not have any problems, are able to take care of their own, and do not need or desire any aid. Such an approach leads to stereotyping and disallows for individual resourcefulness or frailty. It is risky to homogenize this culturally diverse population and to draw too many generalizations. As has been noted, elderly Asians may become increasingly isolated and are vulnerable to specific medical and social problems, and providers should integrate cultural sensitivity into all aspects of medical care.

Reference Type: Journal Article
Author: Dunn, JE Jr
Year: 1975
Title: Cancer Epidemiology in Populations of the United States: With Emphasis on Hawaii and California - and Japan
Journal: Cancer Research
Volume: 35
Issue: November
Pages: 3240-3245
Alternate Journal: Cancer Research, 35
Keywords: Japanese; international; disease; demography
Abstract: The population of California and the San Francisco Bay Area has a number of ethnic components that differ in the frequency with which certain cancers occur. Mortality rates for California Japanese incidence data from the cancer reporting system of the Bay Area are analyzed for the cancer sites considered related to nutrition. The American Japanese of California are particularly amenable to epidemiological study because of the cancer data available from Japan for comparison with that of the California Japanese. The cancer rates occurring among successive generations of the Japanese in California are compared to the rates in Japan and the with rates for the Bay Area. Gastric cancer rates undergo a stepwise reduction from the high rates in Japan to the intermediate rates of immigrant Japanese and the lower rates for the American born. Colon cancer rates are increased about equally in both generations of Japanese and are approaching the white rates. Cancers of the breast, uterine corpus, and ovary in women and prostate for men are rapidly approaching the rates for the white population. Etiologies are continually being identified or indicated for a number of these cancers by epidemiological studies, and more specific identification of carcinogenic mechanisms should be possible by other disciplines.

Reference Type: Newspaper Article
Reporter: Dunn, A
Year: 1995
Title: For Elderly Immigrants, a Retirement Plan in U.S.
Newspaper: The New York Times
City: New York
Pages: 1, and 25
Date: April 16, 1995
Keywords: API; immigration/refugee; other (SSI)
Abstract: This article discusses the Supplemental Security Income (SSI) program in the United States with a focus on the elderly immigrants who seek out the program. It has become a retirement program for many elderly immigrants. There are more immigrants enrolled in the

program than native born American citizens.

Reference Type: Journal Article
Author: Durvasula, R; Sue, S
Year: 1996
Title: Severity of Disturbance Among Asian American Outpatients
Journal: Cultural Diversity in Mental Health
Volume: 2
Issue: 1
Pages: 43-51
Keywords: API; mental health; medical services
Abstract: Although Asian Americans are low utilizers of mental health services, they may suffer from a greater degree of disturbance by the time they are accepted for services. In this study, thousands of Asian and White clients who utilized a large mental health system over a 5-year period were compared on three measures of severity of disturbance: severity of diagnosis, ratings of functioning, and presence of psychotic features. Results for all three indicators supported the hypothesis that Asian Americans show greater disturbance than do Whites. The findings provide convincing evidence of greater disturbance among Asian American clients. It is suggested that for cultural reasons, only the most severley disturbed Asian clients use mental health services.

Reference Type: Journal Article
Author: Eisenberg, D.M.; Kessler, R.C.; Foster, C.; Norlock, F.E.; Calkins, D.R.; Delbanco, T.L.
Year: 1993
Title: Unconventional Medicine in the United States: Prevalence, Costs, and Patterns of Use
Journal: The New England Journal of Medicine
Volume: 328
Issue: 4
Pages: 246-252
Keywords: alternative medicine, health promotion; medical services/doctors/hospitals
Abstract: Many people use unconventional therapies for health problems, but the extent of this use and the costs are not known. We conducted a national survey to determine the prevalence, costs, and patterns of use of unconventional therapies, such as acupuncture and chiropractic. The frequency of use of unconventional therapy in the US is far higher than previously reported. Doctors should ask about their patients use of unconventional therapy whenever they obtain medical treatment.

Reference Type: Newspaper Article
Reporter: Eljera, B.
Year: 1997
Title: Battling the Bureaucracy
Newspaper: ASIANWEEK
City: San Francisco
Pages: 12-13
Date: 28 February
Keywords: Filipino; other (veterans)
Abstract: Describes the efforts of Filipino veterans who served as part of the United States forces in WWII to obtain veterans benefits and other specific status for purposes of eligibility for assistance programs and recognition as a valued part of the US war effort.

Reference Type: Book Section

Author: Elo, I.T.
Year: 1997
Title: Adult Mortality Among Asian Americans and Pacific Islanders
Book Title: Minorities, Aging, and Health
Editor: Markides, K.S.; Miranda, M.R.
Publisher: Sage Publication, Inc.
City: Thousand Oaks
Pages: 41-78
Keywords: API; health status; demography; immigration/refugee
Abstract: This chapter reviews and evaluates recent evidence on mortality estimates among Asian Americans and Pacific Islanders in the United States by age, sex, and ethnic origin. The emphasis is on mortality at adult ages in the 1989-1991 period in comparison to White Americans. Main attention is given to mortality from all causes combined, although reference will also be made to cause-specific differentials. Due to lack of data on health conditions among the many Asian and Pacific Islander subgroups, however, relatively little is known about the variability in health conditions among them. The lack of available data also necessarily restricts the scope of this investigation.

Reference Type: Journal Article
Author: Escobar, J.I.
Year: 1987
Title: Posttraumatic Stress Disorder and the Perennial Stress-Diathesis Controversy
Journal: Journal of Nervous and Mental Disease
Volume: 175
Issue: 5
Pages: 265-266
Keywords: mental health
Abstract: A letter of commentary on a paper by Breslau and Davis presented in this same Journal that reinstates the stress-vulnerability controversy in the etiology of posttraumatic stress syndrome (PTSDs). This dichotomy, which in the case of several other disorders often takes the form of "gene vs. environment," or "biological vs. psychological," is rooted in psychiatric history as the traditional battleground for monolithic school encounters.

Reference Type: Journal Article
Author: Espinoza, EO; Mann, M-J
Year: 1995
Title: Arsenic and Mercury in Traditional Chinese Herbal Balls
Journal: The New England Journal of Medicine
Volume: Sept. 21 1995
Keywords: Chinese; alternative medicine
Abstract: While examining imported traditional Chinese medicines for the presence of products from endangered species, we have detected potentially toxic levels of arsenic and mercury in certain herbal-ball preparations.

Reference Type: Report
Author: Executive Office of Aging
Year: 1983
Title: A Statewide Needs Assessment Survey of Individuals Age 60 and Over
Institution: Office of the Governor, State of Hawaii
Date: May 1983
Keywords: demography; other

Abstract: Survey results.

Reference Type: Report
Author: Executive Office on Aging
Year: 1985
Title: A Comparison of Persons 65 and Older in the United States and Hawaii
Institution: Executive Office on Aging, State of Hawaii
Keywords: demography
Abstract: Describes 65 and older population.

Reference Type: Journal Article
Author: Fallon, JT; Wang, SW
Year: 1990
Title: A clinicopathologic Comparison of Acute Mycocardial Infarction in the Elderly Chinese and American
Journal: Chinese Medical Journal
Volume: 103
Issue: 2
Pages: 110-116
Alternate Journal: Chinese Medical Journal, 103 (2)
Keywords: international; Chinese; disease
Abstract: A prospective study was done on 110 patients, 55 Chinese and 55 American elderly who had clinically proved acute myocardial infarction with histologic confirmation. The Chinese patients were much more likely to have typical pain than the American (65.4% vs. 49.0%). The incidence of painlessness was only 18.1% vs 36.3%. The difference has statistical significance ($P<0.05$). Cardiac failure, shock, pulmonary infection as a major complication had no statistical significance, but the incidence of cardiac rupture group was 29.0% vs 10.9%. Ventricular fibrillation incidence was 18.1% in the Chinese vs 45.4% in the American.

Reference Type: Report
Author: Families USA Foundation
Year: 1998
Title: Shortchanged: Billions Withheld from Medicare Beneficiaries
Institution: Families USA
Date: July
Keywords: other (health financing)
Abstract: Provides historical overview of QMB/SLMB/QI-1 programs, lists State penetration and highlights 12 States that have the lowest proportions of QMB eligibles participating in "buy-in". Reports that SSA can have arrangements with States as with SSI so that application procedures for QMB/SLMB/QI-1 could be done at SSA offices (no new law is required). California looks good for a change - it's one of the states with the lowest % of QMB/SLMB eligibles not receiving buy-in benefits (but we don't how many of the estimated 74,000-100,000 eligibles not getting QMB/SLMB are APIs). The estimated % of QMB eligibles not receiving buy-in look like: Texas 54-59%; Pennsylvania 57-65%; Illinois 61-69%; New York 31-40%; Virginia 54-59%; Massachusetts 43-52%; and Washington 55-59%. This means that almost 2 of 3 eligibles in Pennsylvania potentially are not getting QMB/SLMB benefits!

Reference Type: Journal Article
Author: Fass, S
Year: 1986
Title: Innovations in the Struggle for Self-Reliance: The Hmong Experience in the United States

Journal: International Migration Review
Volume: 20
Issue: 2
Pages: 351-380
Keywords: Hmong; immigration/refugee; mental health
Abstract: Theory suggests that the process by which traditional societies become more self-reliant involves entrepreneurship in experimenting with different ways to move from known to unknown forms of economic activity. Innovative projects in the United States indicate that Hmong refugees are in the midst of such a movement. Progress to date has been slow and difficult, but the very fact that the projects exist and that participants in many of them are learning how to improve performance provides a basis for cautious optimism about self-reliance outcomes.

Reference Type: Report
Author: Federal Council on Aging
Year: 1980
Title: Policy Issues Concerning the Elderly Minorities: A Staff Report, December 1979
Institution: US Government Printing Office
Report Number: DHHS Pub No. ([OHDS] 80-20670)
Keywords: API; demography; other (research)
Abstract: The purpose of the report was to: (1) collect, analyze and synthesize available data on four major minority elder groups (American Indian, Black, Hispanic, and American/Asians and Pacific/Islanders); (2) evaluate federal policies and programs as they affect the above-mentioned elderly minority groups with particular attention to the FCAs policy proposal regarding the frail elderly; (3) identify data gaps and further research which needs to be undertaken; and (4) develop policy recommendations.

Reference Type: Newspaper Article
Reporter: Fein, EB
Year: 1997
Title: Language Barriers are Hindering Health Care
Newspaper: The New York Times
City: New York
Pages: 1, 20
Date: Nov. 23 1997
Keywords: cultural competency; medical services/hospitals/doctors
Abstract: As the population in the United States becomes ever more diverse and the languages spoken multiply, growing numbers of patients who speak no English are being isolated by language barriers. Nowhere in the United States is the diversity of nationalities and languages greater than in the New York City region. But while few states offer comprehensive services for immigrants who need medical interpreters, health experts say the New York City region lags behind.

Reference Type: Journal Article
Author: Fenz, WD; Arkoff, A
Year: 1962
Title: Comparative Need Patterns of Five Ancestry Groups in Hawaii
Journal: Journal of Social Psychology
Volume: 58
Pages: 67-89
Alternate Journal: Journal of Social Psychology, 58

Keywords: Chinese; Japanese; mental health; cultural competency
Abstract: Cultural factors are generally conceded a major role in the determination of personality. Hawaii lends itself well to the study of culture and acculturation because of its many ethnic groups and its insularity. A number of attempts have been made to describe the personality patterns of the various peoples of Hawaii. However, the literature shows relatively few studies that have been designed to produce objective and quantified data.

Reference Type: Journal Article
Author: Ferraro, K.F.; Su, Y-p
Year: 1999
Title: Financial Strain, Social Relations, and Psychological Distress Among Older People: A Cross-Cultural Analysis
Journal: Journals of Gerontology: Social Sciences
Volume: 54B
Issue: 1
Pages: S3-S15
Keywords: international; caregiving
Abstract: The article examines how financial strain and social relations may independently and jointly influence psychological distress among older people in four nations (Fiji, Korea, Malasia, Philippines). Methods: data (N=3,577) are used to test additive and multiplicative models of the relationships between financial strain, social relations, and psychological distress. Results: Financial strain is associated with high levels of psychological distress in 3 of the 4 nations. Interactive models of the effects of financial strain and social relations on distress were uncovered in 3 of the 4 nations, but the type of social relations influencing the strain-distress relationship varied. Subjective health and IADLs were significant predictors of psychological distress in all 4 nations. Discussion: Findings suggest that although financial strain is quite likely to lead to psychological distress among elders, this can be mitigated, at least in part, by social relationships. Modernization was not associated with higher psychological distress.

Reference Type: Journal Article
Author: Finau, SA; Prior, IA; Evans, JG
Year: 1982
Title: Aging in the South Pacific: Physical Changes with Urbanization
Journal: Social Science and Medicine,
Volume: 16
Issue: 17
Pages: 1539-1549
Alternate Journal: Social Science and Medicine, 16 (17)
Keywords: international; Polynesian; health status
Abstract: The process of aging, the place the elderly hold in the South Pacific societies and the care they receive as they move from adult independence to geriatric dependence varies considerably in different Pacific Polynesian populations. This provides unusual opportunity to examine the physical changes of aging in people of the same broad genetic make-up exposed to environmental changes brought about by urbanization. Epidemiological surveys carried out since 1962 among New Zealand Maoris, Tongans, Cook Island Maoris in Rarotonga and Pukapuka, and Tokelauans living in Tokelau and following migration to New Zealand, provide the main data base for this presentation.

Reference Type: Journal Article
Author: Finau, SA; Prior, IA; Salmond, CE
Year: 1986
Title: Hypertension Among Urban and Rural Tongans

Journal: Medical Journal of Australia
Volume: 144
Issue: 1
Pages: 16-20
Keywords: international; Tongan; disease
Abstract: A cross-sectional study of urban and rural Tongans showed the prevalence of hypertension to be 8.4%. Hypertension occurred more often in urban men than in women. Systolic blood pressure (BP) showed a significant increase with age in all groups, except among rural men. Multivariate discriminate analysis identified the characteristics that were associated with a raised BP. The independent variables were selected for entry into the analysis on the basis of their power to separate BP categories, using Rao's V as the generalized measure of distance between groups. Age and body build (BMI or Tatsum) accounted for most differences between normotensive and hypertensive persons, especially in women. The fasting plasma glucose level was a significant discriminating characteristic for both men and women. The packed red cell volume was the most powerful single discriminating characteristic in men and the serum triglyceride level in women. The use of each characteristic to classify individuals by BP category may help clinicians to use cross-sectional data when deciding on the treatment of raised BP.

Reference Type: Journal Article
Author: Fineman, N
Year: 1991
Title: The Social Construction on Noncompliance: Implications for Cross Cultural Geriatric Practice
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Issue: 2
Pages: 219-228
Keywords: cultural competency; medical services/hospitals/doctors
Abstract: Research data suggest that noncompliance is a subjective, provider-constructed category of unacceptable patient behaviors. Providers define noncompliance broadly as the extent to which patients' behaviors deviate from expectations of appropriate, proper and reasonable patient behavior. In addition, providers assess the intent underlying their patients' noncompliant acts. Their assessments, in turn, serve as the bases for the strategies they construct to manage patients noncompliant behaviors. Viewing noncompliance as a provider-structured category of unacceptable patient behaviors have two implications for cross-cultural geriatric practice: (1) It suggests that ethnic minority elders, particularly those whose behaviors deviate from providers' expectations, are likely to be perceived and treated by providers as being noncompliant; and (2) It suggests that remedying noncompliance is as much a matter of changing providers' expectations as it is of changing patients' behaviors.

Reference Type: Journal Article
Author: Flaskerud, J.H.; Nguyen, T.A.
Year: 1988
Title: Mental Health Needs of Vietnamese Refugees
Journal: Hospital and Community Psychiatry
Volume: 39
Issue: 4
Pages: 435-437
Keywords: Vietnamese; mental health; immigration/refugee; demography
Abstract: The study reported here assessed the mental health problems and needs of Vietnamese refugees seen at two Los Angeles County mental health centers that had large

numbers of Southeast Asian refugees in their caseloads.

Reference Type: Journal Article
Author: Fong, R; Mokuau, N
Year: 1994
Title: Not Simply "Asian Americans": Periodical Literature Review on Asians and Pacific Islanders
Journal: Social Work
Volume: 39
Issue: 3
Pages: 298-305
Keywords: API; cultural competency; demography
Abstract: Asian and Pacific Islanders together constitute the fastest-growing minority group in the United States, yet there is a lack of responsiveness by the social work profession to the needs of these populations. This article surveys the literature in four major social work journals on direct practice with Asian and Pacific Islander populations. Findings highlight gaps in six areas in the literature: (1) distinguishing between Asian Americans and Pacific Islanders, (2) separating Asian Americans into different ethnic groups, (3) distinguishing between immigrants and refugees, (4) considering lifespan developmental differences in age, (5) focusing more on gender differences in the various ethnic groups, and (6) strengthening the practice focus on communities.

Reference Type: Book Section
Author: Fong, T.P.
Year: 1994
Title: Economic and Ethnic Politics in Monterey Park
Book Title: New Visions in Asian American Studies: Diversity, Community, Power
Editor: Ng, F.; Yung, J.; Fugita, S.S.; Kim, E.H.
Publisher: Washington State University Press
City: Pullman
Pages: 15-42
Keywords: Chinese; community services
Abstract: The purpose of this paper is three-fold: first, to provide a chronology of the Monterey Park municipal elections and events from 1978 to 1991, and to describe precisely the issues raised; second, to show that what was generally seen by the media and outsiders as a "racial" conflict in Monterey Park, was very much a class conflict; and third, to demonstrate that ethnicity and race were used both to obscure class interests and to further political interests.

Reference Type: Newspaper Article
Reporter: Francese, P
Year: 1990
Title: Aging America Needs Foreign Blood
Newspaper: Wall Street Journal.
Date: March 27, 1990
Keywords: immigration/refugee; other (policy)
Abstract: Article in favor of policies to support immigration.

Reference Type: Journal Article
Author: Frey, W.H.
Year: 1995
Title: Elderly Demographic Profiles of U.S. States: Impacts of "New Elderly Births," Migration, and Immigration

Journal: The Gerontologist
Volume: 35
Issue: 6
Pages: 761-770
Keywords: demography; immigration/refugee; other (policy)
Abstract: Many policy analysts take a narrow view toward addressing demographic change of state elderly populations by focusing on the migration component. This article examines how 1990 state elderly populations have been affected by "new elderly births" (a state's population ages 55-59 in 1985 which survived to ages 60-64 in 1990) as well as by migration components, over the 1985-90 period. It utilizes 1990 Census migration tabulations of the residence 5-years-ago question, along with demographic decomposition analysis. During this period, elderly births exerted a greater impact than migration on elderly gains and demographic compositions for all states. Migration from abroad is also important for state Latino and Asian populations.

Reference Type: Journal Article
Author: Fry, PS
Year: 1980
Title: Attributional Differences in the Life Satisfactions of the Elderly: A Cross-Cultural Comparison of Asian and United States Subjects
Journal: International Journal of Psychology
Volume: 15
Issue: 3
Pages: 201-212
Alternate Journal: International Journal of Psychology, 15 (3)
Keywords: Asian Indian; cultural competency
Abstract: A cross-cultural examination of the attributions for the life satisfactions of the elderly was conducted by using a sample of 80 Asian-Indian and 80 United States retired citizens. It was hypothesized that factors of hard work, luck, family ties, religious faith, travel and recreation, personal abilities, money, social status, service to others and friendships would account for differences in the attributions for life-satisfactions of the two cultural groups. Results showed that more Asian than United States subjects reported satisfaction with life. Consistent with predictions, the attributions of the Asian group showed religious faith, service to others, family ties and luck as being very important factors contributing to life satisfaction. By contrast, more United States subjects reported that hard work, personal abilities, travel and recreation, and social status had significantly influenced their life satisfactions. Findings were interpreted in terms of cultural and socio-psychological variables which influence the attributions for life satisfactions.

Reference Type: Thesis
Author: Fujii, SM
Year: 1975
Title: An Exploratory-Descriptive Study of Sociocultural Barriers to Health Services Utilization for Elderly Japanese as Perceived by Middle Aged and Elderly Japanese American.
Academic Dept.: Heller School
University: Brandeis University
City: Waltham, MA
Thesis Type: Published doctoral dissertation.
Keywords: Japanese; community services
Abstract: Descriptive study of Sociocultural barriers to health services utilization for elderly Japanese as perceived by middle aged and elderly Japanese American.

Reference Type: Journal Article
Author: Fujii, SM
Year: 1976
Title: Elderly Asian Americans and Use of Public Services
Journal: Social Casework
Volume: 57
Issue: 3
Pages: 202-207.
Alternate Journal: Social Casework, 57(3)
Keywords: API; community services; cultural competency; demography
Abstract: Elderly Asian Americans have received very little attention in the literature and as consumer of public services. They have been omitted from any serious consideration because of adherence in the larger society to a false premise which maintains that Asians take care of their own. This premise inaccurately assumes that the elderly have families with sufficient resources to meet their needs. The nature and extent of their problems have largely been ignored or superficially reviewed. Hence, systematically collected information is needed to fill the gaps and extend the knowledge base so that services and social policies will be responsive to the problems of elderly Asian Americans.

Reference Type: Journal Article
Author: Fujii, SM
Year: 1976
Title: Older Asian Americans: Victims of Multiple Jeopardy
Journal: Civil Rights Digest
Issue: Fall
Pages: 22-29.
Alternate Journal: Civil Rights Digest
Keywords: API; cultural competency; demography
Abstract: Like other minority elderly, Asian American elderly are victims of multiple jeopardy -- ageism, institutional racism, mandatory retirement practices, poverty, declining physical and mental health, and inadequate housing. These are often compounded by language and cultural differences and a fear and distrust of nonethnic agencies and institutions. Perhaps like other minority elderly too, Asian Americans are incorrectly perceived as universally "taking care of their own." This simply is not the case. It is a misconception that has been perpetuated by a society at large. Adherence to this misconception will neither eliminate the injustices perpetrated against Asian American elderly nor will it improve the quality of their lives.

Reference Type: Book Section
Author: Fujii, SM
Year: 1978
Title: Retirement as it Relates to the Pacific-Asian Elderly
Book Title: Retirement: Concepts and Realities of Ethnic Minority Elders
Editor: Stanford, EP
Publisher: Campanile
City: San Diego, CA
Keywords: API; demography; immigration
Abstract: Describes API populations and retirement issues.

Reference Type: Conference Proceedings
Author: Fujii, SM
Year: 1980

Title: Elderly Pacific Island and Asian-American Women: A Framework for Understanding
Conference Name: Conference on the Educational and Occupational Needs of Asian-Pacific-American Women
Editor: Timpane, M
Publisher: US Government Printing Office
Conference Location: Washington DC
Volume: Publication No 1980 0-629-701/2992,
Keywords: API; demography; community services; other (women)
Abstract: Describes API populations and particular concerns of women.

Reference Type: Journal Article
Author: Fujimoto, WY; Leonetti, DL; Bergstrom, RW; Shuman, WP; Wahl, PW
Year: 1990
Title: Cigarrette Smoking, Adiposity, Non-Insulin-Dependent Diabetes, and Coronary Heart Disease in Japanese-American Men
Journal: American Journal of Medicine
Volume: 89
Issue: 6
Pages: 761-771
Alternate Journal: American Journal of Medicine, 89 (6)
Keywords: Japanese; disease
Abstract: Coronary heart disease has been described to be increased with both glucose intolerance and cigarette smoking. All three of these have also been reported to be associated with central adiposity (disproportionate deposition of fat on the trunk compared to the extremities). The purpose of this analysis was to determine the relationship of cigarette smoking to glucose intolerance and coronary heart disease, the relationship of cigarette smoking to risk factors such as adiposity, body fat distribution, and plasma lipoprotein and insulin levels, the relationship of cigarette smoking to these risk factors independent of disease status, and whether these risk factors could account for any of the relationship between cigarette smoking and disease status.

Reference Type: Journal Article
Author: Furnham, A.; Forey, J.
Year: 1994
Title: The Attitudes, Behaviors and Beliefs of Patients of Conventional vs. Complementary (Alternative) Medicine
Journal: Journal of Clinical Psychology
Volume: 50
Issue: 3
Pages: 458-469
Keywords: alternative medicine; cultural competency
Abstract: Subjects where two groups of patients, one whose members were visiting a General Practitioner (GP) and the other whose members were seeing a variety of Alternative Practitioners (AP), who were not significantly different in terms of sex, age, level of education, marital status, occupational status, political views, newspaper readership, ethnic grouping, religion, and income. The major difference between the two groups were the fact that the AP group were more critical and skeptical about the efficacy of modern medicine; they believed their health could be improved; they stayed loyal to their chosen practitioner; they had tried more alternative therapies and have more self- and ecologically aware lifestyles; and they believed that treatment should concentrate on the person and greater knowledge of the physiology of the body.

Reference Type: Journal Article
Author: Galanis, DJ; McGarvey, ST; Sobal, J; Bausserman, L; Levinson, PD
Year: 1995
Title: Relations of Body Fat and Fat Distribution to the Serum Lipid Apolipoprotein and Insulin Concentrations of Samoan Men and Women
Journal: International Journal of Obesity and Related Metabolic Disorders
Volume: 19
Issue: 10
Pages: 731-8
Keywords: Samoan; health status; disease
Abstract: To examine relations between obesity and serum concentrations of lipoprotein cholesterol, apolipoproteins, triglycerides and insulin in American and Western Samoans. Associations are also described between these CHD risk factors and abdominal adiposity, and the potential mediating role of insulin in these relationships is examined. These cross sectional data indicate that overall and abdominal adiposity are important correlates of serum lipid parameters among Samoan men, though the associations with BMI are attenuated at higher levels. Neither anthropometic indicator has much relation with these CHD risk factors among the women, perhaps due to extremely high levels of obesity.

Reference Type: Journal Article
Author: Gardner, RW
Year: 1980
Title: Ethnic Differentials in Mortality in Hawaii, 1920-1970
Journal: Hawaii Medical Journal
Volume: 39
Issue: 3
Pages: 221-226.
Alternate Journal: Hawaii Medical Journal, 39 (3)
Keywords: API; health status; demography
Abstract: In this paper, the mortality of the State of Hawaii since 1920 is examined in terms of the position of the various numerically-major ethnic groups, using newly calculated and published life tables by ethnicity.

Reference Type: Report
Author: Gardner, R.W.
Year: 1984
Title: Life Tables by Ethnic Group for Hawaii, 1980
Institution: Hawaii State Department of Health
Date: March 1984
Type of Work: Research and Statistics Report
Report Number: 47
Keywords: demography; health status
Abstract: Life tables for Hawaii by sex and ethnicity have previously been published for each decade beginning in 1910 (Park, Gardner, and Nordyke, 1979; Gardner, 1980). The present tables add to this series by utilizing recent mortality and population data provided by the U.S. Census and Hawaii State Department of Health.

Reference Type: Journal Article
Author: Gardner, RW; Robey, B; Smith, P
Year: 1985
Title: Asian Americans: Growth, Change, and Diversity

Journal: Population Bulletin
Volume: 40
Pages: 1-43
Alternate Journal: Population Bulletin, 40
Keywords: API; immigration/refugee; demography
Abstract: With heavy immigration fueled by U.S. immigration law changes in 1965 and the influx of over 700,000 Indochinese refugees since the Vietnam War ended in 1975, Asian Americans grew from 1.4 million in 1970 to 3.5 million, 1.5 percent of the U.S. population, by the April 1980 census and an estimated 5.1 million, 2.1 percent of the U.S. total as of September 30, 1985. Barring major changes in U.S. immigration policy, they could number almost 10 million in 2000. The major Asian American groups are Chinese (21 percent of the total in 1985), Koreans (11 percent), and Asian Indians (10 percent). In 1980, 49 percent of Asian Americans lived in California or Hawaii, 9 percent in New York, and 92 percent lived in metropolitan areas, compared to 75 percent of the general population. Except for the latest arrived Vietnamese, the fertility of the six major groups is lower than the white average, labor force participation is generally higher and unemployment lower. In 1980, 35 percent of adults were college graduates, compared to 17 percent of white adults, and among the foreign-born, all but Koreans and Vietnamese exceeded the white proportion in the highest-status occupational category. Per-worker median incomes in 1979 were higher than the white median only for Japanese, Chinese, and Asian Indians, but family median incomes were as high or higher than the white median for all but Vietnamese, because Asian American households, especially among recent immigrants, contain more workers than white households. Asian Americans are not homogenous and some groups still lag behind, particularly "second-wave" Indochinese refugees arriving since 1978, but with their strong family support and dedication to education and work, Asian Americans are likely to assimilate like other immigrant groups before them, especially as more of their groups are comprised of native-born Americans.

Reference Type: Journal Article
Author: Garn, S.; Pao, E.; Rihl, M.
Year: 1964
Title: Compact Bone in Chinese and Japanese
Journal: Science
Volume: 143
Issue: March 27
Pages: 1439-1440
Keywords: Chinese; Japanese; health status
Abstract: Measurements in vivo of compact bone in individuals of Chinese and Japanese ancestry, whether American-born or born abroad, show them to have less compact bone per unit length than Americans of European ancestry.

Reference Type: Book Section
Author: Gaw, A.C.
Year: 1975
Title: An Integrated Approach in the Delivery of Health Care to a Chinese Community in America: The Boston Experience
Book Title: Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies
Editor: Kleinman, A.; Kunstadter, P.; Alexander, E. R.; Gale, J. L.
Publisher: DHEW, Public Health Service, NIH
City: Washington DC
Pages: 327-349
Series Editor: Sciences, John E. Fogarty International Center for Advanced Study in the Health

Keywords: Chinese; health status; mental health; community services
Abstract: In this paper two community-wide health needs, both of which have received increasing community and institutional action within the last few years in Boston's Chinatown, will be examined to illustrate how historical, epidemiological, social, cultural and linguistic factors interact to contribute to these problems. These two areas of concern are care for the youth and care for the elderly. As the community is gradually realizing the importance of mental health service, the issues attending the delivery of psychiatric care will also be examined. In addition, the role of cultural beliefs and attitudes in the symptomatology and in the illness experience of some Chinese patients will be discussed. Community health activities which have taken place in Boston's Chinatown in the past 4 years will be highlighted to show their role in promoting the delivery of health services to the community.

Reference Type: Book Section
Author: Gee, E
Year: 1976
Title: Issei Women
Book Title: Counterpoint: Perspectives on Asian America
Editor: Gee, E
Publisher: Asian American Studies Center, University of California at Los Angeles
City: Los Angeles, CA
Keywords: Japanese; immigration/refugee; demography; family/caregiving/intergenerational; cultural competency
Abstract: The history of the Japanese immigrants in America, not to mention that of the Issei women in particular, has yet to be written. Existing historical works on the whole have treated the Issei as "objects" of the past exclusion movement. Emphasizing this aspect of Japanese immigrant history, hostile as well as sympathetic writers have been responsible for creating a one-sided picture in which the Issei are depicted as a nameless mass victimized by history rather than active human participants in the making of history. In short, we need to ask: what is their history? This article will not answer these questions. It will merely attempt to give a glimmer of the rich history of the Issei pioneer women by presenting excerpts from accounts of their own experiences written by a few of them, illustrating the human element in their history which has been neglected too long.

Reference Type: Journal Article
Author: Geiger, H.J.
Year: 1996
Title: Editorial: Race and Health Care -- An American Dilemma?
Journal: New England Journal of Medicine
Volume: 335
Issue: 11
Pages: 815-6
Keywords: cultural competency; other (policy)
Abstract: The analysis of Medicare data indicate that adjustments for income did not greatly change the disparities in outcomes and service use between black and whites [Gornick, et. al, 1996]. "The provision of health insurance alone does not ensure equity; some other factor is at work. With major confounding variables increasingly controlled and adjusted for, investigators tend to invoke unspecified cultural differences, undocumented patient preferences, or a lack of information about the need for care as reasons for the differences. The alternative explanation is racism -- that is, racially discriminatory rationing by physicians and health care institutions. We do not yet know enough to make that charge definitively. Furthermore, if racism is involved it is unlikely to be overt or even conscious." (p 815) Actions recommended include: (a) "the routine and ongoing examination of racial disparities in the use of services and in the choices of

diagnostic and therapeutic alternatives should be part of the quality-assurance protocols of every hospital, every HMO and every other system of care" and (b) "awareness of the dilemmas associated with race and health care should be part of every physician's training."

Reference Type: Book
Author: Gelfand, DE
Year: 1982
Title: Aging: The Ethnic Factor
Publisher: Little
City: Boston, MA
Keywords: health status; cultural competency; demography
Abstract: Besides providing the researcher with a connection to important periods of American history, the study of ethnicity and aging holds out the promise of revealing some hitherto unknown secrets about longevity. It is now believed that genetics are a major determinant of an individual's life expectancy. The question is how much of a person's life expectancy is genetically determined and how much is influenced by personality and behavior. The study of older individuals with varied genetic backgrounds and varied personality configurations which may be related to ethnic culture provides us with an opportunity to gain some important knowledge about these questions.

Reference Type: Journal Article
Author: Gelfand, D.; Yee, B.W.K.
Year: 1991
Title: Trends & Forces: Influence of Immigration, Migration, and Acculturation on the Fabric of Aging in America
Journal: Generations
Issue: Fall/Winter
Pages: 7-10
Keywords: cultural competency; community services; immigration/refugee; other (policy)
Abstract: Increased immigration into the United States is currently having a major impact on the diversity of the American population, just as immigration has shaped the composition of American society throughout our history. Some of the significant changes in immigration flows that have occurred during the past 25 years are attributable to modifications in immigration policy.

Reference Type: Book
Author: Gelfand, DE
Year: 1994
Title: Aging and Ethnicity: Knowledge and Services
Publisher: Springer Publishing Company
City: New York, NY
Keywords: community services; family; health promotion
Abstract: Edited volume includes chapters on aspects of aging and service delivery challenges among diverse populations.

Reference Type: Report
Author: General Accounting Office
Year: 1990
Title: Older Americans Act: Administration on Aging Does Not Approve Intrastate Funding Formulas
Institution: United States General Accounting Office
Date: June 8, 1990

Type of Work: Report to Congressional Requesters
Report Number: GAO/HRD-90-85
Keywords: cultural competency; other (program administration)
Abstract: "Forty-five states use intrastate funding formulas to distribute Title III funds. While AoA's regulations state that formulas must target those elderly in greatest economic or social need, with particular attention to low-income minorities, they do not identify the factors to be used for such targeting. States' formulas include as many as 9 factors. For example, 44 formulas contain an economic need factor. 31 include a minority factor, 5 have a low-income minority factor, and 2 have a minority and low-income minority factor. 20 state formulas contain a factor that was found to discriminate against minorities in the FL case. Since the beginning of 1986, 18 states have revised their formulas to among other things, give preference to targeted categories of the elderly. While AoA reviews and comments on states' funding formulas, the agency believes the act does not authorize it to approve or disapprove formulas. Although the act leaves room for different interpretations, we believe it does authorize AoA to disapprove formulas that do not comply with its guidelines. However, given AoA's position on this issue, the Congress should consider clarifying its intent as to whether AoA should disapprove formulas the agency believes do not meet the intent of the act and its regulations."

Reference Type: Journal Article
Author: Gibson, M
Year: 1980
Title: Family Support for the Elderly in International Perspective: Part I
Journal: Aging International
Volume: 7
Issue: 3
Pages: 12-17.
Keywords: international; family/caregiving/intergenerational
Abstract: This article is the first of a two-part series on family support for the elderly around the world. Part I presents an overview of family support and helping patterns and the research knowledge about the impact of the caregiving role of the caregivers themselves.

Reference Type: Newspaper Article
Reporter: Gifford, C.
Year: 1996
Title: Lessons in Diversity
Newspaper: The Boston Globe
City: Boston, MA
Pages: A15
Date: 2/31/96
Keywords: cultural competency
Abstract: There has been a great deal of attention recently to the issues of diversity in large corporations and the need for leadership and specific, meaningful actions throughout organizations. Thus, taking a week out to slow down and hear the stories of 50 colleagues, 50 wonderful and complex and different individuals, demonstrated to me forcefully and repeatedly what I had known only intellectually before: Creating an environment where people can be themselves is a profoundly right thing to do. As it will help build an increasingly strong company, it is also a sound business imperative.

Reference Type: Journal Article
Author: Gilman, S.C.; Justice, J.; Saepharn, K.; Charles, G.
Year: 1992

Title: Use of Traditional and Modern Health Services by Laotian Refugees
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 310-315
Keywords: Laotian; cultural competency; medical services/hospitals/doctors; immigration/refugee
Abstract: Although refugee health care emerged as a special interest in the United States following the influx of almost a million Southeast Asians since 1975, few studies have been done of the influence of refugee traditions on the use of Western medical services. The illness patterns, medical beliefs, and health care behavior of a Southeast Asian refugee group, the Mien from Laos are described in this study. A cohort of 119 Mien refugees living in Richmond, California was observed for a 6 month period. In-home interviews were undertaken about all episodes of ill health, including treatment and health care decisions. The study shows that the Mien integrate traditional health beliefs and practices with the use of American health services. Such findings are important because the increasing cultural diversity in the US particularly in Western states, necessitates that health care professionals understand the importance of cultural factors for access to and use of health care by all patients including refugees and other immigrant groups.

Reference Type: Report
Author: Gladney, D.C.
Year: 1995
Title: China's Ethnic Reawakening
Institution: East-West Center
Date: January
Type of Work: Asian Pacific Issues
Report Number: 18
Keywords: international; Chinese; cultural competency; demography
Abstract: Issues raised by China's policy to recognize and provide limited autonomy for China's 55 and older nationalities, based on ethnic minority status granted by the central government. Issues of central government control versus co-opting large populations outside of the 91% of the population that are "Han" from Beijing to Canton, and coping with new academic distinctions being raised about Chou and T'ang people based on who controlled which dynasties, etc.

Reference Type: Journal Article
Author: Gold, S.J.
Year: 1992
Title: Mental Health and Illness in Vietnamese Refugees
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 290-294
Keywords: Vietnamese; mental health; cultural competency; family/caregiving; medical services
Abstract: Despite their impressive progress in adapting to American life, many Vietnamese still suffer from wartime experiences, culture shock, the loss of loved ones, and economic hardship. Although this trauma creates substantial mental health needs, culture, experience, and the complexity of the American resettlement system often block obtaining assistance. Vietnamese mental health needs are best understood in terms of the family unit, which is extended, collectivistic, and patriarchal. Many refugees suffer from broken family status. They also experience role reversals wherein the increased social and economic power of women and children (vs men & adults) disrupts the traditional family ethos. Finally, cultural conflicts often

make communication between practitioners and clients difficult and obscure central issues in mental health treatment. Rather than treating symptoms alone, mental health workers should acknowledge the culture, familial, and historical context of Vietnamese refugees.

Reference Type: Journal Article
Author: Goldsmith, S
Year: 1984
Title: Hospitals and the Elderly in Japan
Journal: Pacific Affairs
Volume: 57
Pages: 74-77
Alternate Journal: Pacific Affairs, 57
Keywords: international; medical services/hospitals/doctors; Japanese
Abstract: Acute-care general hospitals in Japan play a more prominent role in the delivery of health services to the elderly than do similar institutions in the United States. This situation is a mixed blessing for the Japanese patient and the Japanese health system, while for the providers of health services it might be quite beneficial. In order to explore this assertion and its implications, the role of the hospital and other health facilities with regard to the elderly must be considered against some criteria. The criteria that are frequently used in the United States and other nations are those developed by the American Public Health Association as "Essentials of Good Medical Care." The four elements that are suggested by the American Public Health Association are (a) accessibility, which includes personal accessibility, comprehensive services, and adequacy of quantity; (b) quality, which includes the quality of the providers, the acceptability of equality by the patient, and the adequacy of services, that is, the extent to which the services meet some quality-control standards; (c) continuity, including coordination; and (d) efficiency, including the dimensions of equitable financing, adequate compensation of providers, and efficient program administration.

Reference Type: Journal Article
Author: Goldstein, MC; & Beall, CM
Year: 1981
Title: Modernization and Aging in the Third and Fourth World: Views From the Rural Hinterland in Nepal
Journal: Human Organization
Volume: 40
Issue: 1
Pages: 48-55
Alternate Journal: Human Organization, 40
Keywords: international; Nepalese; demography; family
Abstract: Explores the indirect impact of change on the status of the elderly in one of the world's most traditional and nonmodernized societies, the Hindu Kingdom of Nepal. It will focus specifically on a community of Sherpas living in the ruggest mountain terrain of central Nepal.

Reference Type: Journal Article
Author: Goodman, M.J.
Year: 1984
Title: Recalled Characteristics of Menstruation in Relation to Reproductive History Among Caucasian, Japanese and Chinese Women Living in Hawaii
Journal: Annals of Human Biology
Volume: 11
Issue: 3

Pages: 235-242
Keywords: Chinese; Japanese; health status
Abstract: Characteristics of menstruation and reproductive history were studied in 2331 Caucasian, 4097 Japanese and 1003 Chinese women living in Hawaii and born between 1900 and 1940. Irregular periods, heavy flow and menses lasting more than five days were reported significantly more often in Caucasians than in other two groups. Canonical correlation and multiple-regression procedures revealed that parity, recalled age at menarche and year of birth were significantly associated to the menstrual descriptions reported, in complex ways, distinctive in each ethnic group. Some similarities in the relationship of reproductive history variables with particular menstruation characteristics were found in the Caucasian and Japanese groups. For example, increased parity was associated with increased menstrual bleeding in both Caucasians and Japanese, and later age at menarche was significantly correlated with irregular menses in these two groups.

Reference Type: Journal Article
Author: Goodman, M; Bulbrook, R; & Moore, J
Year: 1988
Title: The Distribution of Estradiol in the Sera of Normal Caucasian, Chinese, Filipina, Hawaiian and Japanese Women Living in Hawaii
Journal: European Journal of Clinical Oncology
Volume: 24
Issue: 12
Pages: 1855-1860
Alternate Journal: European Journal of Clinical Oncology, 24 (12)
Keywords: API; disease; health status
Abstract: Mean concentrations of sex-hormone-binding-globulin (SHBG) and the percentage distribution of estradiol between the non-protein-bound and SHBG-bound fractions were not different in Caucasians, Hawaiian, Chinese, Japanese and Filipinos living in Hawaii. The widely varying incidence rates for breast cancer are therefore not explained by variations in the availability of estradiol.

Reference Type: Journal Article
Author: Gordon, T
Year: 1957
Title: Mortality Experience Among the Japanese in the United States, Hawaii, and Japan
Journal: Public Health Report
Volume: 72
Issue: 6
Pages: 543-553
Alternate Journal: Public Health Report, 72
Keywords: Japanese; international; disease; demography
Abstract: Mortality among the Japanese in the continental United States is similar in many respects to that among the white population. However, mortality from chronic diseases, particularly the cardiovascular diseases, presents some striking contrasts. In comparison with the white population, the death rates for diseases of the heart are quite low, while those for vascular lesions affecting the central nervous system are rather high. The same differential, but in a more exaggerated form, is evident among the Japanese in Hawaii and for Japan itself. A more complete description of mortality among Americans of Japanese birth or descent in the continental United States follows. This description is based on unpublished data for the years 1949-1952 from the National Office of Vital Statistics of the Public Health Service. For comparison, data are also presented for the Japanese in Hawaii (1-3) and for Japan (4, 5), as well as for the white population of the continental United States (6). In addition, some historical

and demographic material, enough, it is hoped, to place the main body of data in perspective, is included.

The data described in this paper are not, of course, appropriate for disentangling the various genetic and cultural factors that may affect the mortality and cultural factors that may affect the mortality experience of these various groups, and they should not be taken as doing that. Furthermore, there is usually some uncertainty about the certification of cause of death, especially for the chronic diseases. When the mortality data of different groups are compared, as in this paper, the shadow of doubt may be rather large. Nevertheless, morality data can provide groundwork for a more direct inquiry into causative factors. In any event, they are of interest in themselves.

Reference Type: Journal Article
Author: Gordon, T
Year: 1967
Title: Further Mortality Experience Among Japanese Americans
Journal: Public Health Report
Volume: 82
Issue: 11
Pages: 973-984
Alternate Journal: Public Health Report, 82
Keywords: Japanese; disease; health status; demography
Abstract: Mortality experiences of the Japanese, whether resident in Japan, Hawaii, or the continental United States, has differed from that of white persons in the United States in a number of respects (1). Differences in cardiovascular mortality were especially striking. Japanese had lower death rates for diseases of the heart than did white Americans, but higher rates for vascular lesions affecting the central nervous system. These comparisons were made on the basis of data through 1950. Data for a decade later are now available.

Reference Type: Journal Article
Author: Gordon, T; Garcia-Palmieri, MR; Kagan, A; ; al, et
Year: 1974
Title: Differences in Coronary Heart Disease in Framingham, Honolulu, and Puerto Rico
Journal: Journal of Chronic Disease
Volume: 27
Pages: 329-344
Alternate Journal: Journal of Chronic Disease, 27
Keywords: Japanese; disease; demography; disease prevention
Abstract: It is important to establish the validity of geographic variation in CHD incidence as it provides clues to the causes and prevention of this disease. Vital statistics have shown a lower death rate from CHD among middle aged men in Puerto Rico and in the Honolulu Japanese than in the United States white population [3, 4]. To investigate this finding, prospective studies were begun in 1965 in Honolulu and Puerto Rico, and the results are compared here with those from the older Framingham Study. An effort is made to evaluate geographic differences with a uniformity of methodology and diagnostic criteria in a representative samples of the three populations. An attempt is also made to determine if the CHD differences observed are explained by differences in some uniformly measured risk factors in the three population samples.

Reference Type: Journal Article
Author: Gornick, M.E.; Eggers, P.W.; Reilly, T.W.; Mentnech, R.M.; Fitterman, L.K.; Kucken, L.E.; Vladeck, B.C.

Year: 1996
Title: Effects of Race and Income on Mortality and Use of Services Among Medicare Beneficiaries
Journal: The New England Journal of Medicine
Volume: 335
Issue: 11
Pages: 791-799
Keywords: cultural competency; health status; other (Medicare)
Abstract: There are wide disparities between blacks and whites in the use of many Medicare services. We studied the effects of race and income on mortality and use of services. Results show that race and income have substantial effects on mortality and use of services among Medicare beneficiaries. Medicare coverage alone is not sufficient to promote effective patterns of use by all beneficiaries.

Reference Type: Journal Article
Author: Gostin, L.O.
Year: 1995
Title: Editorial: Informed Consent, Cultural Sensitivity, and Respect for Persons
Journal: Journal of the American Medical Association
Volume: 274
Issue: 10
Pages: 844-845
Keywords: cultural competency; other (autonomy); medical services
Abstract: Doctrine of informed consent to medical treatment or research is grounded in ethnical principle of respect for persons and regards individuals as autonomous agents. Ethical guidelines focus on "full disclosure to enable individuals to make free and informed decisions" and human rights advocates view "The right to autonomy or self determination ... to be a morally necessary method of demonstrating genuine respect for human integrity." A growing national + cross-cultural lit suggests that moral values, including human rights are culturally relative, family and community decision-making should be taken more seriously, and autonomy must be balanced against other morally important concepts in the physician-pt relationships (such as loyalty, integrity, solidarity, and compassion). Formalistic requirements of informed consent are rigid in the US, even in the context of its pluralism (e.g. cultural beliefs about hope, wellness, thriving of individuals; autonomous decision making for competent individuals; uncoerced choices vs obedience to the wishes of spouses/family elders (p844) A formalistic approach can be dehumanizing and alienating.. "Respecting persons may mean assuring their decisions are informed and made in isolation, free from influence or conflict of interest; or it may mean that individuals remain free to act in ways that demonstrate the embeddedness of collective interdependence in their families, communities, and society."

Reference Type: Journal Article
Author: Goto, L; Braun, K
Year: 1986
Title: Hawaii's Nursing Home Without Walls
Journal: Continuing Care Coordinator
Volume: 5
Pages: 14-16
Alternate Journal: Continuing Care Coordinator, 5
Keywords: nursing homes
Abstract: Hawaii's Nursing Home Without Walls (NHWW) program, which began in July 1983, mirrors a New York program of the same name. As a result of the 1981 Omnibus Reconciliation

Act, states are authorized to provide long-term home health care for chronically ill and disabled individuals who would otherwise be eligible for Medicaid-paid care in an ICF or SNF. In Hawaii's case, the Act allows Medicaid reimbursement for 14 services: (1) case management, (2) day health, (3) emergency alarm response system, (4) environmental modifications, (5) rehabilitation services, (6) home maintenance, (7) homemakers, (8) home delivered meals, (9) moving assistance, (10) nutritional counseling, (11) personal care services, (12) respite services, (13) skilled nursing, and (14) transportation services.

Reference Type: Journal Article
Author: Gould, KH
Year: 1988
Title: Asian and Pacific Islanders: Myth and Reality
Journal: Social Work
Volume: 33
Issue: (March-April)
Pages: 142-147
Alternate Journal: Social Work, 33, (March-April)
Keywords: API; cultural competency
Abstract: Asian and Pacific Islanders are a rapidly increasing minority group in the United States. This article studies the current social reality for this minority of color as background information to assess the validity of recent claims that Asian and Pacific Islanders no longer qualify as an underrepresented or disadvantaged group. The author urges reassessment of societal and professional views to establish a less stereotypical image of Asian and Pacific Islanders.

Reference Type: Journal Article
Author: Gozdiak, E
Year: 1990
Title: What Providers Need to Know to Serve Older Refugees
Journal: The Aging Connection
Volume: 7
Issue: 10
Alternate Journal: The Aging Connection, 7, 10
Keywords: immigration/refugee; cultural competency; community services
Abstract: This article presents a cultural look at older refugees to service providers. It touches on the loss of economic security, the physical toll of immigration and relocation, and the impact of language barriers. The article discusses some strategies service providers can use in order to improve services to these older refugees.

Reference Type: Journal Article
Author: Grant, JB; Yuan, IC
Year: 1932
Title: A Note of the Forces of Mortality and their Classification in Peiping
Journal: Chinese Medical Journal
Volume: 46
Pages: 1187-1189
Alternate Journal: Chinese Medical Journal, 46
Keywords: international; Chinese; health status; other
Abstract: The Peiping health demonstration area has now been established for seven years. The registration and classification of deaths has for six years received as careful consideration as circumstances permitted. An abridged list was adopted in 1926 (1) and revised in 1929 (2) based upon studies as to the terminology of causes of death common in north China and the

practicability of utilizing international or Chinese classifications. This was further modified in 1930, at the time the Ministry of Health promulgated its list (3), by the addition of three communicable diseases, so as to include all of the nine communicable diseases which are legally notifiable in China. The purpose of this note is to place on record the knowledge obtained as to the chief forces of mortality and the additional experience of registering and classifying deaths under local conditions. It is axiomatic that satisfactory vital statistics are essential to public health progress.

Reference Type: Journal Article
Author: Graves, AB; Larson, EB; Edland, SD; Bowen, JD; McCormick, WC; McCurry, SM; Rice, MM; Wenzlow, A; Uomoto, JM
Year: 1996
Title: Prevalence of Dementia and its Subtypes in the Japanese American Population of King County, Washington State. The Kame Project
Journal: American Journal of Epidemiology
Volume: 144
Issue: 8
Pages: 760-1
Keywords: Japanese; mental health; demography
Abstract: Studies of Asian populations generally have reported prevalence rates for dementia similar to those of predominantly Caucasian populations, but relative prevalence rates of Alzheimer's disease and vascular dementia have differed. Between May 1, 1992 and May 1, 1994, the prevalence rates of dementia, Alzheimer's disease, and vascular dementia were examined in the Japanese American population aged over 65 years in King County, Washington State. A total of 3,045 eligible individuals were identified in a census of persons who were of at least 50% Japanese heritage. The prevalence of dementia in this geographically defined population of Japanese Americans was somewhat higher than prevalence rates reported from Japan, and the distribution of dementia subtypes more closely resembled that found in Caucasian populations in North America and Europe than previously reported in Asian populations.

Reference Type: Journal Article
Author: Gray, Mary Ann
Year: 1996
Title: Herbs: Multicultural Folk Medicines
Journal: Orthopedic Nursing
Volume: 15
Issue: 2
Pages: 49-56
Keywords: alternative medicine; cultural competency
Abstract: Herbs have been used by man since antiquity for the prevention and treatment of illness. In the past few years, an increased interest in herbs seems to parallel the back-to-nature movement in the United States. While many herbs can be helpful, others pose potential threats. An examination of the cultural roots and general uses of herbs can prove helpful to the nurse conducting a patient interview.

Reference Type: Journal Article
Author: Greenlick, MR
Year: 1992
Title: Education Physicians for Population-Based Clinical Practice
Journal: Journal of the American Medical Association
Volume: 267

Issue: 12
Pages: 1645-1648
Keywords: medical services; cultural competency
Abstract: "Debates about changing the current paradigm of medical education and medical practice have become fairly common in recent years. Based on my experience as a research director of a prepaid group practice program and as chair of a medical school department of public health and preventive medicine, I contend that the traditional one-to-one physician-patient role obligations should be expanded to include a set of "one-to-one" physician-population obligations. The latter include at least three components: (1) a resource allocation component, (2) a component focusing on the epidemiological nature of clinical practice, and (3) a component focusing on members of the population who are not regularly attended to within the normal context of physician care. Discussing these in turn, I argue for a population-based clinical practice model of medical education that preserves the Hippocratic tradition while better preparing physicians for the complex practice and insurance realities of the 21st century."

Reference Type: Journal Article
Author: Griffiths, SL
Year: 1986
Title: Coping With Old Age in a Philippine Emigrant Community
Journal: Journal of Cross-Cultural Gerontology
Volume: 1
Pages: 177-189
Alternate Journal: Journal of Cross-Cultural Gerontologv, 1
Keywords: Filipino; immigration/refugee; cultural competency; family/caregiving/intergenerational
Abstract: Because of the predominantly male migration to Hawaii in the 1920s and 1930s, there are many women in this Philippine community who have never married. These spinsters become dependent on nieces or nephews for a livelihood. Today, both men and women are going abroad, and grandparents often care for grandchildren, not only to provide a service for their emigrant children, but also to ensure the flow of remittances. Comparatively wealthy single men who return from Hawaii for their retirement marry young women and begin families. In addition to providing spouses to care for them in their old age, May-December marriages incorporate the retirees into the social and economic structure of the community.

Reference Type: Journal Article
Author: Grinspoon, L; Dunn, JE
Year: 1959
Title: A Study of the Frequency of Achlorhydria Among Japanese in Los Angeles
Journal: Journal of the National Cancer Institute
Volume: 22
Pages: 617-631
Alternate Journal: Journal of the National Cancer Institute, 22
Keywords: Japanese; disease
Abstract: A survey of the frequency of achlohydria was conducted among Japanese in Los Angeles, together with Caucasian and Mexican control subjects. One or more tubeless gastric analyses employing the azure-A exchange resin were performed on 717 Japanese subjects and 318 control subjects of Caucasian and Mexican origin. Of these 1,035 subjects, the data on 26 were excluded from consideration because of a history of previous gastric surgery, and on 46 because of diagnoses of gastric pathology. The Japanese are of especial interest with regard to achlorhydria because of their threefold increased risk to gastric cancer. The frequency of acholorhydria among isei was compared with that among nisei, and no significant difference could be demonstrated. Similarly, the frequency of achlorydria among all the Japanese as compared to the Caucasian controls indicated there is no difference. However, the data

presently available for the Mexican control group indicates that achlorhydria is more frequent in this group than in either the Japanese or Caucasians. Final interpretation of this reason for the difference in frequencies of achlorhydria in different study groups is discussed as is the reliability of this tubeless gastric analysis. It is felt by the authors that the simple test is quite reliable and that when several results in the same patient differ, this is not due so much to an inherent defect of the test as to the fact that the patient's acid secretory ability changes from time to time.

Reference Type: Journal Article
Author: Gui, S; Li, L; Shen, Z; Gu, Q; Chen, Y; Qian, F
Year: 1987
Title: Status and Needs of the Elderly in Urban Shanghai: Analysis of Some Preliminary Statistics
Journal: Journal of Cross-Cultural Gerontology
Volume: 2
Issue: 2
Pages: 171-186
Alternate Journal: Journal of Cross-Cultural Gerontology, 2 (2)
Keywords: international; Chinese; community services
Abstract: In 1982, 12.9% of the total urban population of Shanghai was 60 years of age and older. Information concerning the status and needs of the elderly was sparse until we conducted a 4 per thousand sampling survey of 6,715 elderly people living in Shanghai at the end of 1985. This paper presents some results of our research and raises some issues that should be addressed by officials of the People's Republic of China when planning for the needs of the elderly.

Reference Type: Journal Article
Author: Guillermo, T.
Year: 1994
Title: Are Asian/Pacific Islander Americans Underrepresented in Health Research?
Journal: Asian American and Pacific Islander Journal of Health
Volume: 2
Issue: 4
Pages: 299-302
Keywords: API; cultural competency; health promotion; other (policy)
Abstract: The publication Healthy People 2000 - Objectives for the Nation and the Minority Health Improvement Act provided the opportunity to focus and expand the development of minority and health professionals. However, these objectives targeted African-Americans, Hispanics, Native Americans, and Alaska Natives. For the most part, Asian and Pacific Islander Americans (APIAs) are not comprehensively targeted for improving the status of minorities in the health professions. This year, the authorization of the Minority Health Improvement Act involves a major battle right now regarding primary care scholarships and the Centers for Excellence, issues that don't include the APIA community. The noted exclusion of Asian and Pacific Islanders as a targeted group for these most important policy documents intended to encourage minorities to enter the field of health, reflect a widespread belief that Asians and Pacific Islanders are currently overrepresented in the health professions. Such aggregate data and a limited methodology incorrectly suggest that a sufficient supply of Asians and Pacific Islander health professionals serve the APIA community. Therefore, this classification poses tremendous implications for the availability of adequate federal funds for the training and development of our APIA health professionals. To determine which minority groups need an increase of health professionals, the Public Health Service (and Congress to a certain extent) has adopted this population parity model, which basically says that the proportion of health professionals should reflect the percentage represented by any one racial or ethnic group in the total population. This issue of representation by population parity often gets interchanged in policy documents with the

term "disadvantaged" or the term "underserved." Inconsistency with how these terms are used causes confusion about our country's APIA population.

Reference Type: Journal Article
Author: Guo, W; Li, J-Y; King, H; Locke, FB
Year: 1992/1993
Title: Diet and Blood Nutrient Correlations with Ischemic Heart, Hypertensive Heart, and Stroke Mortality in China
Journal: Asian-Pacific Journal of Public Health
Volume: 6
Issue: 4
Pages: 200-205
Keywords: international; Chinese; disease; health status
Abstract: Though major differences exist in sub-category mortality levels, cardiovascular disease remains a leading cause of death among both Asian Chinese and Westerners. This paper examines the possible relationship between cardiovascular mortality and biochemical, diet and lifestyle factors based on two surveys in China.

Reference Type: Journal Article
Author: Haenszel, W; Kurihara, M; Segi, M; Lee, KC
Year: 1972
Title: Stomach Cancer Among Japanese in Hawaii
Journal: Journal of the National Cancer Institute
Volume: 49
Pages: 969-988
Alternate Journal: Journal of the National Cancer Institute, 49
Keywords: Japanese; disease; international
Abstract: Study of 920 Japanese stomach cancer patients and 440 hospital controls in Hawaii revealed that migrants (Issei) from prefectures with the highest stomach cancer risks in Japan continued to display an excess risk in Hawaii, but this effect did not persist among their Nisei offspring. Lower risks were suggested for Nisei, but not Issei adhering to Western-style diets. These nativity distinctions are consistent with other studies suggesting that early exposures are critical. Associations of stomach cancer with consumption of specific foods were noted. Associations for tobacco, liquor, coffee, and milk were observed only in the Issei population. Points of consistency between the Hawaii findings and those assembled in Japan are cited. Experimental evidence bearing on the epidemiologic data for processed fish and vegetables is mentioned.

Reference Type: Journal Article
Author: Haenszel, W; Berg, JW; Segi, M; Kurihara, M; Loeke, FB
Year: 1973
Title: Large Bowel Cancer in Hawaiian Japanese
Journal: Journal of the National Cancer Institute
Volume: 51
Pages: 1765-1779
Keywords: Japanese; disease
Abstract: Study of 179 Japanese patients with bowel cancer and 357 hospital controls in Hawaii revealed excess risks for persons who regularly ate Western-style meals only. The similarity in findings for Issei and Nisei sharply contrasts with results previously reported for stomach cancer in Issei and Nisei, where the reduced risk among persons regularly eating Western-style meals only was limited to the second generation Nisei. Bowel cancer was associated with consumption

of specific foods. These results may narrow the area of search for etiologic factors and thus assist in planning future research and complex sequence of events leading to bowel cancer.

Reference Type: Journal Article
Author: Haffner, L.
Year: 1992
Title: Translation is Not Enough: Interpreting in a Medical Setting
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 255-259
Keywords: cultural competency; community services; health promotion
Abstract: Unique obstacles must be overcome when providing medical care to patients who have an incomplete command of the English language. Serious barriers to effective communication may arise at the exact point where our health care system must succeed or fail. Miscommunication, differences in attitudes about health care, and various other misunderstandings interfere with or frustrate good health care for these patients and their families. Such difficulties are best overcome by the use of a professional interpreter who can ensure good communication between patients and health care professionals. My daily experiences as a professional medical interpreter and translator in Spanish provide insights into the complexities of bilingual and bicultural communication in the hospital setting. Although the examples given relate to Hispanic patients, the lessons learned can be extended to other foreign language patients as well.

Reference Type: Journal Article
Author: Hagestad, G.O.
Year: 1988
Title: Demographic Change and the Life Course: Some Emerging Trends in the Family Realm
Journal: Family Relations
Volume: 37
Issue: October
Pages: 405-410
Keywords: demography; family/caregiving/intergenerational; cultural competency
Abstract: Demographic change during this century has altered the prevalence, timing, and sequencing of some key family transitions. Patterns of family deaths are now more predictable. Grandparenthood is more prevalent and falls into a clearer sequence of life changes. Marital disruption presents complex, somewhat contradictory patterns. Divorce and remarriage clearly illustrate the importance of recognizing countertransitions: life changes reflecting the interdependencies among lives in the family. Researchers and practitioners need to view families as complex webs of lives and relationships.

Reference Type: Journal Article
Author: Hanh, RA; Teutsch, SM; Franks, AL; Chang, MH; Lloyd, EE
Year: 1998
Title: The Prevalence of Risk Factors Among Women in the United States by Race and Age, 1992-1994: Opportunities for Primary and Secondary Prevention.
Journal: Journal of American Medical Womens Association
Volume: 53
Issue: 2
Pages: 96-104, 107
Keywords: API; health status; demography; cultural competency

Abstract: The purpose of this study is to analyze the prevalence of 11 modifiable behavioral risk factors, including multiple risk factors, among white, black, Asian and Pacific Islander, American Indian, and Hispanic women in the United States. The results showed that US women engage in a variety of behaviors that place them at risk for many causes of morbidity and mortality. Risk profiles vary substantially among racial/ethnic populations: Pacific Islanders have relatively low prevalences of most major risk factors, while blacks and American Indians have relatively high prevalences of many major risk factors. Prevalence differences among racial/ethnic populations are diminished but not eliminated when socioeconomic factors are accounted for. Appropriately designed programs to help women reduce their behavioral risk factors are needed. Action by health care providers, communities, and policy makers can substantially improve the health of women in the United States.

Reference Type: Journal Article
Author: Hanna, JM
Year: 1998
Title: Migration and Acculturation Among Samoans: Some Sources of Stress and Support.
Journal: Social Science Medicine
Volume: 46
Issue: 10
Pages: 1325-36
Keywords: Samoan; cultural competency; international; family/caregiving; mental health
Abstract: Daily excretion of the stress hormone, epinephrine, has been employed to study potential stressers associated with acculturation and migration. Young men and women from Samoan communities in Hawaii (HI), American Samoa (AS), and Western Samoa (WS) which differ in exposure to American culture were included. Psychosocial factors associated with elevations in hormone excretion were assumed to be stressers, while associations with reduced excretions were assumed to be supportive or buffers. Hormone excretion levels were similar in all locations, but there were different associations which could be attributed to migration and acculturation. Among all migrants (HI) ethnic networks were apparent stressers, while a high degree of community involvement was stressful for migrant women. In sites of culture contact (HI, AS) certain adult members of the extended family were supportive, as was a superior knowledge of Samoan cultural concepts. For women in Samoa (WS, AS) community involvement was supportive. In contrast for men in WS and AS, but not in HI, being of mixed ancestry or having close family of mixed ancestry was stressful. It is concluded that hormone analysis can provide meaningful clues concerning social stressers in acculturating or migrant communities. Also that migration or acculturation do not necessarily result in increased levels of stress.

Reference Type: Report
Author: Harder & Kibbe Research and Consulting
Year: 1989
Title: A Profile of the Older Population of Santa Clara County
Institution: Council on Aging of Santa Clara County, Inc., City of San Jose, Municipal Health Services Program
Date: May 1989
Keywords: API; community services; demography
Abstract: Assessment of service needs and characteristics of older adults in Santa Clara County. One of the first reports to target API populations in this Bay Area county. Report was sponsored by the Area Agency on Aging.

Reference Type: Report
Author: Harder & Kibbee Asscs

Year: 1997
Title: Coming of Age in the Bay Area: A Demographic Profile of the Older Population
Institution: Area Agencies on Aging in the SF Bay Area
Date: 1997
Keywords: demography; community services
Abstract: Collaboration among Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara AAAs to get census data on 55 and older population, using 1990 data as a baseline. This is a first "looking across local boundaries at common issues, needs and resources, and by incorporating planning activities across the traditional 4-year funding and program cycle." The efforts will include a regional phone survey in 1998 and a series of community forums and other planning activities in 1998 and 1999. The effort is part of AAA commitment to get consumer input continuously and in a timely manner.

Reference Type: Report
Author: Harder & Kibbee Asscs
Year: 1999
Title: Coming of Age in San Francisco: A Demographic Profile of the Older Population
Institution: San Francisco Commission on Aging
Date: January 1999
Keywords: demography; community services
Abstract: Describes distribution of older persons in San Francisco County, including areas with high density of API older persons.

Reference Type: Edited Book
Editor: Harper, M.S.
Year: 1990
Title: Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions
Publisher: Health Resources and Services Administration, Department of Health and Human Services. Government Printing Office.
City: Washington, D.C.
Volume: HRS (P-DV-90-4)
Number of Pages: 650
Keywords: cultural competency; other (training health professionals)
Abstract: Chapters provide substantive information on specific ethnic/racial populations in the US and the challenges for developing and implementing culturally competent curricula in allied health professions training programs.

Reference Type: Report
Author: Hasler, BS
Year: 1990
Title: Reporting of Minority Participation Under Title III of the Older Americans Act
Institution: American Association of Retired Persons
Keywords: community services; other (policy)
Abstract: Reports on significant levels of under-service in racial/ethnic minority communities of older persons nationally. Recommends steps needed to reach under-served populations.

Reference Type: Report
Author: Hayashida, C; Sherman, S; Sasaki, H.
Year: 1987
Title: Adult Day Centers in Hawaii: A Comprehensive Assessment for Strategic Planning for the

1990's
Institution: Kuakini Geriatric Care, Inc
Keywords: community services; demography
Abstract: Based on a survey of adult day centers in Hawaii, describes services and program characteristics, and populations served.

Reference Type: Journal Article
Author: Hayashida, C; Izutsu, S; Burgo
Year: 1988
Title: Kuakini Health System Multi-Level Care
Journal: Provider
Volume: 14
Issue: 2
Alternate Journal: Provider, 14 (2)
Keywords: community services; medical services; Hawaii
Abstract: Describes progressive care services provided by Kuakini Health System.

Reference Type: Book Section
Author: Hayes, CL
Year: 1987
Title: Two Worlds in Conflict: The Elderly Hmong in the United States
Book Title: Ethnic Dimensions of Aging
Editor: Gefland, DE; Barresi, CM
Publisher: Springer Publishing Company
City: New York
Pages: 79-95
Keywords: Hmong; mental health; cultural competency; immigration/refugee; community services
Abstract: This chapter addresses the experiences of older Hmong in Laos, during relocation, and in the United States. Because this country is quickly becoming a haven for different refugee and immigrant groups, the study of the elderly within these populations has critical policy and direct-service implications. Attention will be given to making several comparisons between the experience of elderly Hmong and other Indochinese refugee groups.

Reference Type: Report
Author: Heckler, Margaret M
Year: 1985
Title: Report of the Secretary's Task Force on Black and Minority Aging
Institution: US Department of Health and Human Services
Date: August 1985
Report Number: Volume II Crosscutting Issues in Minority Health
Keywords: API; community services; medical services/hospitals/doctors; other (policy)
Abstract: When considering services for Asian Americans as a subgroup of the minority community; investigators are often reminded of the degree of neglect that persists in the medical community. The services available to them are for the most part inadequate and inappropriate. Recently, Asian American leaders and concerned health professionals have been working toward changing this unfortunate situation by involving legislators, government agencies, and funding sources. This paper is a review of the health care issues and problems in the Asian American community and successful models and strategies for service delivery.

Reference Type: Journal Article

Author: Heilbrun, L; Kagan, A; Nomura, A; Wasnich, R.
Year: 1985
Title: The Origins of Epidemiologic Studies of Heart Disease, Cancer and Osteoporosis Among Hawaii Japanese
Journal: Hawaii Medical Journal
Volume: 44
Pages: 294-296
Alternate Journal: Hawaii Medical Journal, 44
Keywords: Japanese; disease; health status
Abstract: Parallel observations that both heart disease and cancer rates changed as indigenous Japanese migrated from Japan to Hawaii provided the impetus for conducting epidemiologic studies in the migrant Japanese population in Hawaii. During the 1960s and early 1970s, Kuakini Medical Center became the research headquarters for both the Honolulu Heart Program (HHP) and later the Japan-Hawaii Center Study (JHCS). Both studies are still following the same cohort of 8,006 Japanese American men, born from 1900-1919, who were living on Oahu in 1965, the HHP for heart disease and stroke events and JHCS for cancer events. Some members of the original cohort have returned up to five times for additional interviews and examinations. HHP and JHCS share a comprehensive hospital surveillance system for case-finding. After 20 years of follow-up, both studies continue to monitor this cohort of very cooperative subjects, now from 65 to 85 years of age. Since early 1980 the Kuakini Osteoporosis Study (KOS) has been following a subset of 1,368 HHP/JHCS men and 1,098 of their wives for changes in bone mineral content and for fracture events.

Reference Type: Journal Article
Author: Heilbrun, L; Nomura, A; Steimmerman, G.
Year: 1986
Title: Black Tea Consumption and Cancer Risk: A Prospective Study
Journal: British Journal of Cancer
Volume: 54
Pages: 677-683
Keywords: Japanese; disease
Abstract: In a prospective cohort study, men of Japanese ancestry were clinically examined from 1965 to 1968. For 7,833 of these men, data on black tea consumption habits were recorded. Since 1965, newly diagnosed cancer incidence cases have been identified: 152 colon, 151 lung, 149 prostate, 136 stomach, 76 rectum, 57 bladder, 30 pancreas, 25 liver, 12 kidney and 163 at other (miscellaneous) sites. Compared to almost-never drinkers, men habitually drinking black tea more than one per day had an increased relative risk (RR) for rectal cancer (RR=4.2). This positive association (P=0.0007) could not be accounted for by age or alcohol intake. We also observed a weaker but significant negative association of black tea intake and prostate cancer incidence (P=0.020). There were no significant associations between black tea consumption and cancer at any other site.

Reference Type: Journal Article
Author: Heilbrun, L; Hankin, J; Nomura, A.
Year: 1986
Title: Colon Cancer and Dietary Fat, Phosphorus, and Calcium in Hawaiian-Japanese Men
Journal: The American Journal of Clinical Nutrition
Volume: 43
Pages: 306-309
Alternate Journal: The American Journal of Clinical Nutrition, 43
Keywords: Japanese; disease

Abstract: In a prospective cohort study, 8006 men of Japanese ancestry were examined from 1965 to 1968. A 24-hour dietary recall questionnaire was administered to each subject as part of the baseline clinical examination. Dietary data were analyzed for intake of calcium, phosphorus, and total fat in 99 colon cancer cases and in 378 controls chosen from the cancer-free men. This was a nested case-control study design with 14-17 year of prospective follow up for colon cancer incidence. We found no significant association between dietary calcium intake and colon cancer risk. This held true whether phosphorus intake was low (<1032 mg/day) or high (> 1032 mg/day), and whether total fat intake was low (<61 g/day) or high (>61 g/day). Adjusted-odds ratios were 0.7-1.4 across eight subgroups of low and high intakes of the three nutrients studied. These data do not support a recent hypothesis that calcium intake might be negatively associated with colon cancer risk, depending on the level of fat and phosphorus intake.

Reference Type: Book Section
Author: Hendricks, J; & Hendricks, CD.
Year: 1977
Title: Minority Groups in the Later Years
Book Title: Aging in Mass Society
Editor: Hendricks, J Hendricks & CD
Publisher: Winthrop Publishers, Inc
City: Cambridge, MA
Pages: 349-382
Keywords: cultural competency; demography
Abstract: At best, studies focusing on minority elderly have been ancillary or sporadic until the last few years. On the one hand, this might be construed as indicative of a general preoccupation with the most visible cultural group in American life. On the other, some have suggested the omission possibly reflects an unconscious bias among the majority of white researchers. No matter what interpretation is given to the paucity of information regarding minority group elderly, its absence makes generalization difficult and hazardous even when data are in fact available. Yet another dimension of the problems in analysis' arises with the application of stereotypes that have been discounted either for the minority in question or by subsequent information dealing with the aged in general. It is true, of course, there are innumerable situational variants in minority experiences; each group has its own history, subculture and ways of coping. However, a close look at the reality of aging within each of the subgroups may reveal many similarities. In addition, there are commonalties among the elderly that cut across racial or ethnic categories. For instance, the greater number of older women, the higher remarriage rate of males, the relationship among living arrangements and income, isolation or locale all affect white and minority groups alike (Moore, 1971b).

Reference Type: Report
Author: Henkin, N; Weinstein-Shr, G; Gozdziak, E
Year: 1988
Title: "New Branches...Distant Roots" A National Symposium on Older Refugees in America
Institution: The Center for Intergenerational Learning, Temple University Institute on Aging and Refugee Policy
Date: 6/8/88
Keywords: demography; immigration/refugee; community services
Abstract: Provides an overview of refugee populations, particularly from Asia between 1965 onward. Recommends outreach and service approaches.

Reference Type: Report
Author: Hernandez, W; Capitman, JA; Yee, DL.
Year: 1991

Title: Cultural Diversity and the Aging Network Work Force
Institution: National Aging Resource Center, Long-term Care, Bigel Health Policy Institute. Heller School, Brandeis University
Keywords: cultural competency; other (policy); community services
Abstract: Reports on a survey of area agencies on aging and other providers of services to older adults with regard to efforts to respond to racial/ethnic minority populations and those with special needs (e.g. those with disability).

Reference Type: Book Section
Author: Hernandez-Gallegos, W.; Capitman, J.A.; Yee, D.L.
Year: 1992
Title: A Conceptual Approach to Understanding Service Use by Elders of Color
Book Title: Ethnicity and Long Term Care
Editor: Barresi, C.M.; Stull, D.E.
Publisher: Springer Publishing Co.
City: New York, NY.
Pages: 365
Keywords: cultural competency; other (policy); community services
Abstract: Provides a conceptual framework for modeling organization responses to diversity within targeted service populations. Suggests classifications for organizational progress toward cultural competence.

Reference Type: Book
Author: Higham, J.
Year: 1984
Title: Send These to Me
Publisher: The Johns Hopkins Press Ltd.
City: Baltimore, MD
Number of Pages: 261
Keywords: immigration/refugee; cultural competency
Abstract: From the context of the history of Jewish immigration to the US, using economic, sociological and anthropological perspectives, the author outlines the debates of either American or outside of American for immigrants, and concludes with the idea of 'Pluralistic integration' as a response to the historical debates about assimilation vs. fractionation of American society.

Reference Type: Journal Article
Author: Himes, C.L.; Hogan, D.P.; Eggebeen, D.J.
Year: 1996
Title: Living arrangements of minority elders
Journal: Journal of Gerontology: Social Sciences
Volume: 51B
Issue: 1
Pages: S42-S48
Keywords: demography; cultural competency
Abstract: Used 1990 census to examine differences in the current living arrangements of minority elderly. Found that differences among the minority populations in age, sex and married status account for only a small part of the observed differences in living arrangements. However, while minority groups as a whole differ substantially from whites, national ethnic patterns within groups appear to be relatively small. Hispanic ethnic groups vary little once differences in marriage patterns are taken into account, although differences are greater within the Asian population.

Reference Type: Journal Article
Author: Ho, MK.
Year: 1976
Title: Social Work with Asian Americans
Journal: Social Casework
Volume: 57
Issue: 3
Pages: 195-201
Alternate Journal: Social Casework, 57 (3)0
Keywords: API; cultural competency; community services
Abstract: This article focuses on the indigenous cultural influences operating among Asian Americans and social work intervention with this unique ethnic group.

Reference Type: Journal Article
Author: Ho, S.C.; Sham, A.
Year: 1994
Title: Risk Factor Change in Older Persons, a Perspective from Hong Kong: Weight Change and Mortality
Journal: Journals of Gerontology-Medicine
Volume: 49
Issue: 6
Pages: M269-M272
Keywords: international; Chinese; health status
Abstract: Our longitudinal data on an elderly Chinese cohort revealed that low body mass index is associated with increased mortality at both 24 and 40 months follow up, even when analysis was restricted to non smoking females (6). However, although risk factors are not stable over time, few studies have attempted to account for such changes. This study investigated weight changes over time in the same elderly cohort and how such changes are related to mortality outcome.

Reference Type: Journal Article
Author: Hoang, G.N.; Erickson, R.V.
Year: 1982
Title: Guidelines for Providing Medical Care to Southeast Asian Refugees
Journal: Journal of the American Medical Association
Volume: 248
Issue: 6
Pages: 710-714
Alternate Journal: Journal of the American Medical Association, 248
Keywords: SE Asian; immigration/refugee; cultural competency; medical services; health status
Abstract: Almost 500,000 Southeast Asian refugees have arrived in the United States since 1975. While these refugees have not presented substantial public health problems, they have important personal health problems frequently requiring medical attention. Medical care providers in this country need to be aware of disease patterns and prevalence among these refugees. As well, they need to be aware of the cultural and religious backgrounds and previous medical practices of this refugee population, particularly as these practices influence the refugees' ability to obtain and maintain medical services provided in this country. Historical, cultural, religious, ethical, and medical information is provided to help U.S. health care facilities develop culturally appropriate medical care services for Southeast Asian refugees.

Reference Type: Book Section
Author: Holmes, LD.
Year: 1972
Title: The Role and Status of the Aged in a Changing Samoa
Book Title: Aging and Modernization
Editor: Cowgill, DO; Holmes, LD
Publisher: Appleton-Century-Crofts
City: New York
Pages: 73-132
Keywords: international; Samoan; cultural competency
Abstract: "Upon returning to Samoa in 1962 I found that the staying powers of traditional Samoan culture was being put to the supreme test. In an attempt to counter criticism concerning the question of America's "neglect" of the Samoan people (an issue raised by an article in Reader's Digest in July, 1961), the government in American Samoa was engaged in a crash program to improve the educational, social, and economic conditions of the native population under its supervision. There was no deliberate policy designed to destroy Samoan culture - in fact the administration repeatedly stated that it wished to "retain the best of Samoan culture" - but the new program was creating conditions under which the stoutest of cultures must crumble. Educational television would soon be beamed out to every village. Government public works projects and newly imported private industries were in need of large numbers of wage employees. Universal high school education was a reality, and the government of American Samoa, aided by Pan American Airways, was rapidly tooling up for an expanded tourist industry. It is within this setting of forced change that I would like to discuss the role and function of the aged relative to both their families and to their village organization."

Reference Type: Book
Author: Holmes, LD.
Year: 1974
Title: Samoan Village
Publisher: Holt, Rinehart, and Winston, Inc.
City: New York
Number of Pages: 111
Keywords: Samoan; international, demography, family
Abstract: A case study in cultural anthropology on the Samoan Islands. Discusses social structure, cultural values, subsistence techniques, and other universal categories of human social behavior.

Reference Type: Journal Article
Author: Holmes, Douglas; Holmes, Monica; Steinbach, Leonard; Hausner, Tony; Rocheleau, Bruce
Year: 1979
Title: The Use of Community-Based Services in Long-Term Care by Older Minority Persons
Journal: The Gerontologist
Volume: 19
Issue: 4
Pages: 389-397
Keywords: community services; demography
Abstract: Telephone interviews were conducted with all the home health, homemaker, daycare and meal providers (205) in 32 counties selected to represent the upper decile of counties in terms of minority proportion of one of the four Federally-recognized minority groups. Seventy percent of the agencies serve a proportion of older minority persons which is at least

commensurate with the proportion of minority persons in the county. Agencies which serve a proportionate share of minorities differ significantly on a number of variables from agencies which underserve minorities.

Reference Type: Book Section
Author: Holmes, LD; & Rhoads, EC.
Year: 1983
Title: Aging and Change in Samoa
Book Title: Growing Old in Different Societies
Editor: Sokolovsky, J
Publisher: Wadsworth
City: Belmont, CA
Pages: 119-129
Keywords: international; family/caregiving/intergenerational; cultural competency
Abstract: In undertaking a study of aging and social change in American Samoa, anthropologists Lowell Holmes and Ellen Rhoads had the unusual advantage of being able to build upon Dr. Holmes's previous ethnographic work there in 1954 and 1962 as well as the insights contained in Margaret Mead's classic research *Coming of Age in Samoa* (1928b). Despite a crash program of U.S. aid, the influx of several industries, and Western-style education programs begun in the 1960s, the authors found that adjustments to change have been made without destroying key social institutions linked to the high status of the aged. Most crucial is the matai family system involving leadership roles within large bilateral kinship groups and a village council that accords the aged not only respect but a considerable amount of power. The matai system, combined with open-air housing and a lack of age-segregated work activities, has made it almost impossible for the aged to disengage from Samoan society.

Reference Type: Journal Article
Author: Holmes, ER; Holmes, LD.
Year: 1987
Title: Western Polynesia's First Home for the Aged: Are Concept and Culture Compatible?
Journal: Journal of Cross-Cultural Gerontology,
Volume: 2
Pages: 359-375
Keywords: international; Polynesian; nursing homes; cultural competency; family/caregiving
Abstract: In 1975 Western Polynesia's first home for the aged, called Mapuifagalele, was established in a village just outside Apia. The home was operated by the Little Sisters of the Poor and housed 83 elderly Samoans of both Catholic and Protestant faith. This paper outlines the traditional Samoan patterns of aging and the high priority placed on family care for elders. In discussing the home and its residents, we consider ways in which what might appear to be an incompatible institutional concept has been adapted to fit the local cultural configuration. We also speculate on a variety of factors which may or may not be responsible for the acceptance and on-going operation of a facility of this type.

Reference Type: Journal Article
Author: Holzberg, CS.
Year: 1982
Title: Ethnicity and Aging: Anthropological Perspectives on More Than Just the Minority Elderly
Journal: The Gerontologist
Volume: 22
Issue: 4
Pages: 249-257

Alternate Journal: The Gerontologist. 22
Keywords: cultural competency; other (research)
Abstract: There are many problems, both theoretical and conceptual, with the gerontological literature on the minority elderly. This article includes a brief review and critique of the literature and shows how the research focus on minorities has led to an analytical muddle with the issue of ethnicity. It examines the relevance of ethnicity to social and cultural gerontology. By focusing on the dimensions of culture rather than social class, the author demonstrates how ethnicity can often facilitate adjustment to the psychical and physical constraints of aging.

Reference Type: Journal Article
Author: Hong, Seon-Hee Mo; Keith, P.M.
Year: 1992
Title: The Status of the Aged in Korea: Are the Modern More Advantaged?
Journal: Gerontologist
Volume: 32
Issue: 2
Pages: 197-202
Keywords: international; Korean; family/caregiving/intergenerational; demography
Abstract: Much research on modernization and aging has tested and supported the modernization hypothesis that the status of the aged will decline as a society becomes modernized and developed. Using individual modernity as a measure of modernization and decision-making power to assess the status of the aged at the microsocial level, this study examines how modernity, family environment, and demographic characteristics affect the sample of 252 Korean elderly living with one of their married children. In contrast to findings at the societal level, this research indicates that individual modernity is associated with higher status of the aged. Individual modernity may become an important resource in negotiating for decision-making power with adult children. However, this study oversampled male elderly (61%) and undersampled female elderly (39%), compared with the gender ratio of Korean elderly (60% female versus 40% male elderly). Thus, the findings of this study cannot be generalized to the elderly population in Korea.

Reference Type: Journal Article
Author: Hopper, S.V.
Year: 1993
Title: The Influence of Ethnicity on the Health of Older Women
Journal: Clinics in Geriatric Medicine
Volume: 9
Issue: 1
Pages: 231-259
Keywords: API; health status; demography
Abstract: Although ethnicity is a factor in the health and aging patterns of all women, this article focuses on minority elderly women, because of their emerging presence in the United States and the range of health challenges they present are increasing and need to be recognized by health care providers.

Reference Type: Report
Author: House Subcommittee on Human Resources of the Committee on Education and Labor
Year: 1988
Title: Improving Minority Participation in Older Americans Act Programs
Institution: House of Representatives
Date: June 25, 1988

Type of Work: Subcommittee Hearing
Report Number: Serial No. 100-89
Keywords: community services; cultural competency
Abstract: Hearings at Flint, Michigan as parts of the NCBA annual meeting to discuss AoA national and area trends on the reduction of minority participation in AoA programs in proportion and in real numbers across the country between 1980 and 1987. Causes cited included poor access because of location and lack of transportation to service sites, poor outreach, language barriers, and too few minority providers - including minority participation on governing and advisory boards that have decision-making responsibility for funding and provider designations (local service patterns).

Reference Type: Journal Article
Author: Hsu, F.L.K.
Year: 1971
Title: Filial Piety in Japan and China: Borrowing, Variation and Significance
Journal: Journal of Comparative Family Studies
Issue: Spring
Pages: 67-74
Keywords: international; Chinese; Japanese; cultural competency; family
Abstract: The burden of this paper is that the ethic of filial piety imported by Japan was the same as those in China, but that the human networks through which it found concrete expressions in the two societies were and are different. Furthermore, even today Japan has not discarded the ethic or filial piety and she never had any anti-filial piety movement comparable to that of China. On the contrary, the ethic of filial piety was and is at the core of the human foundation of Japanese industrialization and modernization.

Reference Type: Journal Article
Author: Hsu, LK; Folstein, MF
Year: 1997
Title: Somatoform Disorders in Caucasian and Chinese Americans.
Journal: Journal of Mental Disorders
Volume: 185
Issue: 6
Pages: 382-7
Keywords: Chinese; mental health
Abstract: Somatization, broadly defined as the presentation of one or more medically unexplained somatic symptoms, refers both to the presentation of somatic symptoms in diagnosable psychiatric disorders such as major depression or anxiety as well as to the presentation of such symptoms in somatoform disorders. Although no comparative data exist, somatization is considered by many clinical investigators to be more common among Chinese than Caucasian patients, but it is unclear if this occurs because somatoform disorders are more prevalent among the Chinese or because Chinese patients with major depression or anxiety more often present with somatic complaints. We examined 85 consecutive Chinese American and 85 consecutive Caucasian American patients referred for psychiatric consultation and found the following: a) True somatization was significantly more common among Chinese American patients referred for psychiatric consultation; b) The somatoform symptom profiles of the two cohorts were different: Chinese American somatizers complained predominantly of cardiopulmonary and vestibular symptoms, whereas their Caucasian counterparts had symptoms that corresponded well with the categories listed in DSM-IV; c) In both cohorts of somatizers, a concurrent psychiatric disorder, most commonly major depression, was almost always present; and d) Among the Chinese American somatizers, pseudoneurological symptoms occurred most commonly in the form of abnormal sensations, whereas abnormal motor functions were more

common among Caucasian Americans. Implications of the findings with respect to pathogenesis, treatment, and classification of somatization are discussed.

Reference Type: Journal Article
Author: Hu, T.; Snowden, L.R.; Jerrell, J.; Nguyen, T.D.
Year: 1991
Title: Ethnic Populations in Public Mental Health: Services Choice and Level Use
Journal: American Journal of Public Health
Volume: 81
Issue: 11
Pages: 1429-1434
Keywords: mental health; medical services/hospitals/doctors; demography; other
Abstract: Barriers to access and use of mental health care by Asians, Blacks, and Hispanic Americans have been a source of concern for many years. Limitations in our knowledge base persist regarding patterns of use in public sector programs of certain services. Using a sample of almost 27,000 persons, this study examined access and level of use by ethnic minority groups of emergency services, inpatient care, individual outpatient visits, and case management.

Reference Type: Journal Article
Author: Huang, DD; Charter, RA
Year: 1996
Title: The Origin and Formulation of Chinese Character: An Introduction to Confucianism and its Influence on Chinese Behavior Patterns
Journal: Cultural Diversity in Mental Health
Volume: 2
Issue: 1
Pages: 35-42
Keywords: Chinese; cultural competency; mental health
Abstract: Confucianism has had a powerful influence on Chinese behavior and social structure for the past 2,000 years. Some of these influences produce roadblocks to conventional Western psychotherapy and counseling when used on Chinese Americans with traditional values. The Confucianism influence on the Chinese is described with suggestions for psychotherapists and counselors who have Chinese and Chinese American clients.

Reference Type: Journal Article
Author: Hurh, WM; Kim, KC
Year: 1990
Title: Correlates of Korean Immigrants' Mental Health.
Journal: Journal of Mental Disorders
Volume: 178
Issue: 11
Pages: 703-11
Keywords: Korean; immigration/refugee; mental health; cultural competency
Abstract: The main objectives of this paper are an empirical investigation of major structural and situational variables related to Korean immigrants' mental health and a theoretical exploration of the meaning of the empirical findings. As part of a larger epidemiological research, the data for this paper derive from diagnostic interviews of 622 Korean immigrants (20 years and older) residing in the Chicago area. Theoretical implications of these findings are discussed in light of the confluence of ethnic attachment and acculturation on immigrants' mental health.

Reference Type: Journal Article

Author: Hwang, SJ; Tong, MJ; Lai, PP; Ko, ES; Co, RL; Chien, D; Kuo, G
Year: 1996
Title: Evaluation of Hepatitis B and C Viral Markers: Clinical Significance in Asian and Caucasian Patients With Hepatocellular Carcinoma in the United States of America
Journal: Journal of Gastroenterology Hepatology
Volume: 11
Issue: 10
Pages: 949-54
Keywords: API; disease
Abstract: In order to evaluate the roles of hepatitis B virus (HBV) and hepatitis C virus (HCV) and their clinical significance in Asian-American and Caucasian patients with hepatocellular carcinoma (HCC) in the USA, 110 HCC patients, seen in a community-based teaching hospital in the Los Angeles area over a 10 year period, were enrolled. In conclusion, chronic HBV infection was the major aetiological factor in Asian-American HCC patients, while chronic HCV infection and alcoholism were major aetiological factors in Caucasian HCC patients in the USA.

Reference Type: Journal Article
Author: Iga, M.
Year: 1957
Title: The Japanese Social Structure and the Source of Mental Strains of Japanese Immigrants in the United States
Journal: Social Forces
Volume: 35
Pages: 271-278
Alternate Journal: Social Forces, 35
Keywords: Japanese; immigration/refugee; mental health; cultural competency
Abstract: The purpose of this paper is to analyze the possible sources of mental strains and conflicts of Japanese immigrants which develop from the character of the Japanese social structure. It is assumed that the Japanese immigrants in America brought with them the traditional culture of rural Japan of half a century ago. This assumption is substantiated mainly in the fact that Japanese immigration virtually ended in a series of agreements in 1908 and 1911, and in the findings of research made by the writer in a farming community in an urban fringe area of Davis County, Utah, from October 1954 to April 1955.

Reference Type: Journal Article
Author: Ikegami, N.; Fries, B.E.; Takagi, Y.; Ikeda, S.; Ibe, Toshiko
Year: 1994
Title: Applying RUG-III in Japanese Long Term Care Facilities
Journal: The Gerontologist
Volume: 34
Issue: 5
Pages: 628-639
Keywords: international; nursing homes; medical services; Japanese
Abstract: A U.S. nursing home case-mix system, Resource Utilization Group, Version III (RUG-III), was tested in a variety of Japanese long-term care facilities. Staff time and resident characteristics were measured for a sample of 871 patients. Acceptable reliability was found for items defining RUG-III, and the system explained 44% of the variance in wage-weighted staff time (cost). Also, Japanese and U.S. costs had similar patterns across RUG-III categories. However, there was wide discrepancy between the stated purpose of Japanese facilities and their patient populations, and the current payment mechanism did not reflect actual use of resources.

Reference Type: Book Section
Author: Ikels, C.
Year: 1980
Title: The Coming of Age in Chinese Society: Traditional Patterns and Contemporary Hong Kong
Book Title: Aging in Culture and Society
Editor: Fry, C.
Publisher: J.F. Bergin Publishers, Inc.
City: New York
Pages: 80-100
Keywords: international; Chinese; cultural competency
Abstract: Inevitably when the plight of the elderly in an industrialized society is up for discussion, someone says, "yes, but in China..." The ethnographic veto is in full force. Charlotte Ikels, however, considerably weakens the punch of the "Chinese veto." On the basis of 20 months of fieldwork on aging in Hong Kong, Ikels is able to compare the current realities with those of the village and the non-industrial city in traditional China. These realities are considerably different that the idyllic accounts with which we are all familiar. Anthropologists have an enduring concern for the difference between ideal and real culture. One of the early lessons of anthropology is that informants will tell you one thing, but quite possibly they will do something a little different. Participant observation is a check of the ideal (what should be done) from the real (what is done). The ideal of filial piety and veneration of the old is, without doubt, pervasive in Chinese culture. As Ikels indicates however, it is not very clear to what extent it was ever achieved even in the traditional village, except by the wealthy.

Reference Type: Journal Article
Author: Ikels, C
Year: 1986
Title: Older Immigrants and Natural Helpers
Journal: Journal of Cross Cultural Gerontology
Volume: 1
Pages: 209-222
Keywords: Chinese; immigration/refugee; community services; demography
Abstract: Since the enactment of the Immigration Act of 1965, immigrants from Europe have been replaced increasingly by immigrants from Latin America and Asia. The latter, in particular, are from societies so dissimilar from the United States that they face major adjustment problems. Many of the older immigrants come as parents of American citizens, but despite reunification with their families, they may experience a sense of isolation due to limited opportunities to interact with other people. Case studies of natural helpers (individuals who are not employed in the helping professions but voluntarily choose to spend part of their time informally helping others) operating within the Chinese community in Boston reveal how their services complement those of the formal sector. The characteristics which make them both approachable and credible to older immigrants as well as their possible recruitment as outreach workers are discussed.

Reference Type: Journal Article
Author: Ikels, C
Year: 1998
Title: The Experience of Dementia in China
Journal: Cultural Medicine and Psychiatry
Volume: 22
Issue: 3
Pages: 257-83

Keywords: international; Chinese; mental health; cultural competency
Abstract: This paper reports the results of a longitudinal study carried out in urban China on the health and mental health status of 200 elders 70 years of age or older and focuses on the experience of dementia. While older people and their families are aware of the phenomenon of dementia, it does not evoke the kind of dread that is common among Americans. This different response can be traced to beliefs about dementia, cultural values, and situational features of contemporary Chinese life.

Reference Type: Journal Article
Author: Imamura, K
Year: 1994
Title: Japan's Current Experiment in Care of the Elderly
Journal: Journal of Long-Term Home Health Care
Volume: 13
Issue: 4
Pages: 33-42
Keywords: international; family/caregiving/intergenerational; demography; community services
Abstract: Health care is expensive and many of the developed countries are desperately seeking ways to decrease costs in this area. The highly competitive United States ranks at the top of the world in health care spending. Although Japan's costs are only about half as much, considering that the two countries represent almost 40% of the world's wealth, both budgets are high and both are steadily increasing.

Reference Type: Report
Author: Immigration Committee
Year: 1997
Title: Final Report to the Welfare Reform Task Force
Institution: Department of Human Services, San Francisco County
Date: April
Type of Work: Report
Keywords: immigration/refugee
Abstract: Assesses the impact of welfare reform on 30% of San Francisco city's population who are foreign born, and 20% (142,260 who are non-citizen immigrants) affected by President Clinton's welfare reform legislation. Key issues highlighted are naturalization, safety net services, and advocacy. Recommends the use of 4 service hubs (consortium of agencies, coordinated by a lead agency, that together provide a comprehensive array of services for the target population). The lead agencies competed in an RFP process administered by DHS which, as the San Francisco Naturalization Project was a conduit for money from the Emma Lazarus Fund (Soros Foundation) created by Hungarian immigrant tycoon George Soros that funds projects in a 12 county area for 5 million over 2 years and San Francisco obtaining $1,003,722; San Francisco committed 160 thousand dollars in cash, and city departments did in-kind with cash assistance, food, shelter, et al.

Reference Type: Journal Article
Author: Ishii-Kuntz, M.
Year: 1997
Title: Intergenerational Relationships Among Chinese, Japanese, and Korean Americans
Journal: Family Relations
Volume: 46
Issue: 1
Pages: 23-32

Keywords: Chinese; Japanese; Korean; family; cultural competency; demography
Abstract: Previous studies that have focused on Asian American intergenerational relationships used the cultural concept of filial obligation to explain an adult child's commitment to his/her elderly parents. Using data gathered from 628 Chinese, Japanese, and Korean Americans and their elderly parents, this study found that such financial and structural factors as an adult child's income and his/her parent's need for assistance significantly influenced the frequency of an adult child's support for his/her parents. The effects of filial obligation on an adult child's provision of support for his/her parents change depending on several of these financial and structural factors. The magnitude of these relationships varies, however, among three groups of Asian Americans. It is therefore necessary to examine interaction effects of cultural, financial, and structural factors on Asian Americans intergenerational relationships as well as the diversity of these relationships within the Asian American population.

Reference Type: Book
Author: Ishikawa, WH.
Year: 1978
Title: The Elder Guamanian
Publisher: Center on Aging, San Diego State University
City: San Diego
Number of Pages: 40
Keywords: Guamanian; health status; community services; cultural competency; demography
Abstract: The study of Guamanian elders was undertaken as an integral part of a larger Cross-Cultural Study of Minority Elders in San Diego County. The study as a whole, extended over a two-year period, 1974-1976, and was funded by the Administration on Aging. In addition to Guamanians, there were seven other populations of minority elders in the project. These included, American Indian, black, Chinese, Japanese, Latino, Pilipino, and Samoan elders, age 50 years or more. The research was undertaken with three specific objectives in mind: First, to analyze characteristic lifestyles and customs, as well as the primary interactional networks of ethnic minority groups and in this case, especially those of Guamanian elders. Second, to explore and delineate the perceptions and viewpoints of the Guamanian elders toward formal programmatic assistance and human service networks with the overall intent of tracing, where possible, the interactions between the formal programs and the primary networks. Third, to test out a methodology appropriate to obtaining information about ethnic minority populations and specifically the elders of these populations. To a large extent, the third objective guided the total study.

Reference Type: Book
Author: Ishikawa, WH.
Year: 1978
Title: The Elder Samoan
Series Title: Monographs and Technical Reports Series
Publisher: Center on Aging, San Diego State University
City: San Diego
Number of Pages: 44
Keywords: Samoan; community services; cultural competency; demography
Abstract: The study of Samoan elders was undertaken as an integral part of a larger Cross-Cultural Study of Minority Elders in San Diego County. The study as a whole, extended over a two-year period, 1974-1976, and was funded by the Administration on Aging, In addition to Samoans, there were seven other populations of minority elders in the project. These included, American Indian, black, Chinese, Guamanian, Japanese, Latino, and Pilipino elders, age 50 years or more. The research was undertaken with three specific objectives in mind: First, to analyze characteristic lifestyles and customs, as well as the primary interactional networks of

ethnic minority groups and in this case, especially those of Samoan elders. Second, to explore and delineate the perceptions and viewpoints of the Samoan elders toward formal programmatic assistance and human service networks with the overall intent of tracing, where possible, the interactions between the formal programs and the primary networks. Third, to test out a methodology appropriate to obtaining information about ethnic minority populations and specifically the elders of these populations. To a large extent, the third objective guided the total study.

Reference Type: Book Section
Author: Ito, A
Year: 1975
Title: The Japanese Elderly
Book Title: Minority Aging: 2nd Institute Proceedings
Editor: Stanford, EP
Publisher: San Diego State University Center on Aging
City: San Diego
Volume: 2
Keywords: Japanese; community services; nursing homes; medical services/hospitals/doctors
Abstract: "By using the example of Asian communities in Los Angeles, particularly the Japanese with whom I am involved, I would like to point to some very immediate problems with health care for the aged and look at the tremendous impact of these problems on ethnic minorities in general."

Reference Type: Journal Article
Author: Iwai, K; Sekiguti, M; Hosoda, Y; DeRemee, RA; Tazelaar, HD; Sharma, OP; Maheshwari, A; Noguchi, TI
Year: 1994
Title: Racial Difference in Cardiac Sarcoidosis Incidence Observed at Autopsy
Journal: Sarcoidosis
Volume: 11
Issue: 1
Pages: 26-31
Alternate Journal: Sarcoidosis, 11 (1)
Keywords: international; Japanese; disease
Abstract: The most commonly involved organ in sarcoid related death has been reported to be the lung in western countries, while it was the heart in the Japanese autopsy series. In order to verify this different pattern of death, autopsy records were reviewed in two United States institutions and in Japanese nation-wide data.

Reference Type: Journal Article
Author: Izhar, N.
Year: 1990
Title: Patient Origins and Usage of a Unani Clinic in Aligarh Town, India
Journal: Social Science Medicine
Volume: 30
Issue: 10
Pages: 1139-1141
Keywords: India; alternative medicine; medical services; international
Abstract: Cases exist in India, and elsewhere of the coexistence of both traditional and modern allopathis medical system. A survey of patients, practitioners and staff at a unani clinic in Aligarh

Town suggests that utilization of unani medicine is widespread among people of various ages and socio-economic strata.

Reference Type: Magazine Article
Author: Izutsu, S.; Hayashida, C.T.; Burgo, T.
Year: 1988
Title: Kuakini Health System Multilevel Care
Magazine: Provider
Pages: 4-6
Date: February 1988
Keywords: medical services/hospitals/doctors
Abstract: For the past 88 years, Kuakini Health System, Inc (KHS), has been a community-oriented organization with a strong cultural heritage and commitment to elderly care. From its beginnings in 1899, to its present status as a fully accredited major health care institution, Kuakini's focus has broadened from serving the Japanese immigrant population to serving the health needs of all of Hawaii's people.

Reference Type: Journal Article
Author: Jamerson, K.; DeQuattro, V.
Year: 1996
Title: The Impact of Ethnicity on Response to Antihypertensive Therapy
Journal: The American Journal of Medicine
Volume: 101
Issue: suppl 3A
Pages: 3A-22S - 3A-32S
Keywords: API; health status; disease; health promotion/disease prevention
Abstract: The aim of this review is to assess the prevalence of complications and responses to various antihypertensive drug therapies in ethnic minority groups in the United States. In some instances, these comments are extended to responses of citizens in their countries of origin. Ethnicity is not an accurate criterion for predicting poor response to any class of antihypertensive therapy. Thus, there is little justification to use racial proviling as a criterion for the avoidance of selected drug classes because of presumed lack of efficacy. Observed differences in the incidence of hypertension and its poor outcomes have led some investigators to postulate that the etiology of hypertension in ethnic minority groups is intrinsically different from whites. Awareness of racial differences in hypertension outcomes evolved in the United States within a historical context that does not fully appreciate that race and is often a surrogate for many social and economic factors that influence health status and healthcare delivery. Poor outcomes in ethnic minority groups occur in many diseases, not only hypertension. The goal of ethnicity-related research should be to describe the diversity of disease expression in humans and target at risk groups for prevention and early intervention. The use of racial descriptors to explain genetic differences in ethnic groups should take a lesser priority.

Reference Type: Journal Article
Author: Jenkins, C.N.H.; Le, T.; McPhee, S.J.; Stewart, S.; Ha, N.H.
Year: 1996
Title: Health Care Access and Preventive Care Among Vietnamese Immigrants: Do Traditional Beliefs and Practices Pose Barriers?
Journal: Social Science Medicine
Volume: 43
Issue: 7
Pages: 1049-1056

Keywords: Vietnamese; health promotion; cultural competency; demography; immigration/refugee
Abstract: Some have speculated that underutilization of Western health services among non-Western populations can be explained by traditional health beliefs and practices rooted deep within cultures. These beliefs and practices may act as barriers to access to and utilization of services. Among Vietnamese, in particular, a number of traditional health beliefs and practices have been identified which are said to pose barriers to Western medical care. No studies to date, however, have examined this hypothesis empirically. To examine this hypothesis, we measured traditional health beliefs and practices among Vietnamese in the San Francisco Bay area and analyzed the relationships between these factors and access to health care and use of preventive health services. The results of this study show clearly that many Vietnamese possess traditional health beliefs and practices which differ from those of the general U.S. population. Yet, the data does not support the hypothesis that these traditional beliefs and practices act as barriers to Western medical care or to utilization of preventive services.

Reference Type: Journal Article
Author: Jensen, GD; & Polloi, AH
Year: 1984
Title: Health and Life-Style of Longevous Palauans: Implications for Developmental Theory
Journal: International Journal of Aging and Human Development
Volume: 19
Issue: 4
Pages: 271-285
Alternate Journal: International Journal of Aging and Human Development. 19 (4)
Keywords: international; health status; Palauan
Abstract: The health, illness, and life styles of the oldest Palauans were investigated by interview and examination in their homes. Thirty-eight citizens ranged in age from 86 to 111. Ten were 100 years or older. They were in unusually good physical and mental health. The most common physical problem is arthritis. Life style is described in terms of diet, physical activity, smoking and drinking habits, use of medical services, and living conditions. It is theorized that the characteristic physical limitations bring on a crisis of usefulness; role intention and respect may be critical development issues as well at this oldest age period of the human life span.

Reference Type: Journal Article
Author: Jensen, GD; Polloi, AH
Year: 1988
Title: The Very Old of Palau: Health and Mental State
Journal: Age and Aging
Volume: 17
Issue: 4
Pages: 220-226.
Alternate Journal: Age and Aging, 17 (4)
Keywords: international; mental health; health status; Palauan
Abstract: In this epidemiological study of physical and mental health of very old Palauans, all residents of Palau over 90 years of age were interviewed in their places of residence. All 31 subjects lived with relatives or a spouse in widely scattered small villages on three main islands, but the majority were in Koror, the largest population centre. The proportion of the total population over 90 years of age was approximately that in the US: 0.2% versus 0.3%. However, there was a large number of centenarians, 1/2000. The prevalence of dementia as determined by clinical assessment was high: 25% mild and 42% moderate or severe. This prevalence was lower (44%) as determined by the Global Deterioration Scale. Physical illness and functional mental illness were infrequent. Most subjects had at least one chronic illness, the most common

being arthritis. Most chewed betel nut. Few used alcohol or smoked. An adaptation of the Wechsler logical memory test and the Global Deterioration Scale appeared to be useful in assessing cognitive function in this non-Western culture.

Reference Type: Journal Article
Author: Jones, P.S.
Year: 1995
Title: Paying Respect: Care of Elderly Parents By Chinese and Filipino American Women
Journal: Health Care for Women International
Volume: 16
Pages: 385-398
Keywords: Chinese; Filipino; family/caregiving/intergenerational; cultural competency
Abstract: Chinese and Filipino American women's caregiving for their elderly parents was explored. Patterns of care, sources of stress, and resources and strategies used in coping with the stress and providing care were investigated using a grounded-theory methodology. Patterns of care included "paying respect" by "caring for" and "providing for" elderly parents. Sources of stress were caregiving demands, interpersonal relationships, conflict between traditional cultural expectations and what the caregivers could provide, and issues of control. Resources identified were primarily personal, familial, and cultural. Strategies used to cope with the stress included optimism, trust in religion, setting limits, and taking charge. The phenomenon of respect for elders described in this study is consistent with that described by Stern et al (1980, 1985). The satisfaction gained from paying respect contributed to the women's ability to integrate the caregiving role with other roles, congruent with Meleis's theory of role integration (Hall et al, 1992; Meleis, 1991; Meleis et al, 1989a, 1989b).

Reference Type: Journal Article
Author: Jones, P.S.
Year: 1996
Title: Asian American Women Caring for Elderly Parents
Journal: Journal of Family Nursing
Volume: 2
Issue: 1
Pages: 56-75
Keywords: Chinese, Filipino, family/caregiving/intergenerational; cultural competency
Abstract: In Asian American families, women caring for elderly parents are at risk when family and cultural obligations conflict with acculturation factors and employment. This descriptive correlational study investigated the relationships between resources and strategies used and perceived health outcome in Chinese and Filipino American women caring for elderly parents. Findings support the possibility that satisfaction from caregiving can help to balance caregiver stress and that a sense of coherence may contribute to positive health outcomes in family caregivers.

Reference Type: Journal Article
Author: Kagan, A; Harris, BR; Winkelstein jr, W; Johnson, K.G.; Kato, H.; Syme, S.L.; Rhoads, G.G.; Gay, M.L.; Nichaman, M.Z.; Hamilton, H.B.; Tillotson, J.
Year: 1974
Title: Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Demographic, Physical, Dietary, and Biochemical Characteristics
Journal: Journal of Chronic Disease
Volume: 27
Pages: 345-364
Alternate Journal: Journal of Chronic Disease, 27

Keywords: Disease; Japanese; international; health status; demography
Abstract: Reports on three coordinated cohort studies on Japanese men living in Hiroshima and Nagasaki, Honolulu, and California. In these studies it is expected that the methodological and observational variables can be held to a minimum while environmental and behavioral variables will be different enough to allow meaningful inferences about the differences in cardiovascular disease observed in these three populations.

Reference Type: Journal Article
Author: Kagan, A; Yano, K; Rhoads, GG; McGee, DL
Year: 1981
Title: Alcohol and Cardiovascular Disease: The Hawaiian Experience
Journal: Circulation
Volume: 64
Issue: supplemental 111
Pages: 111-27 -111-31
Alternate Journal: Circulation 64 (supplemental 111)
Keywords: Japanese; disease
Abstract: Data from the Honolulu Heart Program indicate that there is an inverse relation between alcohol intake (up to 60 oz of ethanol/month) and risk of coronary heart disease incidence and mortality. Alcohol intake is positively related to levels of systolic and diastolic blood pressure and to hypertension as defined by criteria of the World Health Organization. Alcohol intake is not related to the incidence of cerebral infarction, but is positively related to the incidence of intracranial hemorrhage. Alcohol intake is also related to mortality from cirrhosis of the liver and from various types of cancer.

Reference Type: Conference Proceedings
Author: Kagawa-Singer, M.
Year: 1994
Title: Today's Reality: Research Issues in Underserved Populations
Conference Name: American Cancer Society Third National Conference on Cancer Nursing Research
Publisher: National Research Center for Asian-American Mental Health and the UCLA MEDTEP Center for Outcomes Research for Asian and Pacific Islanders
Conference Location: Newport Beach, CA
Pages: 1-17
Keywords: disease; cultural competency; medical services
Abstract: This paper describes some of the influences of culture on cancer nursing, as well as some of the barriers to integrating cross-cultural knowledge and techniques into research and practice.

Reference Type: Journal Article
Author: Kagawa-Singer, M.; Chung, R.CY.
Year: 1994
Title: A Paradigm for Culturally Based Care in Ethnic Minority Populations
Journal: Journal of Community Psychology
Volume: 22
Issue: April
Pages: 192-208
Keywords: cultural competency; mental health; medical services/hospitals/doctors
Abstract: The intent of this paper is to highlight one of the fundamental sources of variation in cultural beliefs that affect individual mental health. We propose a model that penetrates to the

core of why culture makes a difference in how problems are perceived and appropriate responses defined. Humans have three basic needs: safety and security, integrity, and a sense of belonging. Yet each culture uniquely frames each of these needs and prescribes the sanctioned means to achieve them. In our struggle to define culturally competent or culturally based care, this fundamental aspect is often overlooked. Instead, the Western worldview, structure, and definitions are used as the template to assess dysfunction, diagnose a disorder, and prescribe appropriate care. The theoretical underpinnings of indigenous concepts of self and symbolic interactionism are integrated to clarify these cultural misconceptions and to construct a new paradigm for providing effective and acceptable mental health care.

Reference Type: Journal Article
Author: Kagawa-Singer, M.
Year: 1995
Title: Socioeconomic and Cultural Influences on Cancer Care of Women
Journal: Seminars in Oncology Nursing
Volume: 11
Issue: 2
Pages: 109-119
Keywords: disease; cultural competency; API
Abstract: Disparity exists between the scientific advances made for Euro-American women and for female African Americans, Hispanics, Native Americans, and Asian/Pacific Islanders. Studies have documented the complex relation among biological, behavioral, and social factors that affect cancer incidence, treatment, and both psychological and physical outcomes. The four major variables of physiologic and biochemical differences, socioeconomic factors, structural barriers, and cultural factors contribute to the discrepancy in cancer morbidity and mortality in ethnic populations compared to the white population.

Reference Type: Book Section
Author: Kagawa-Singer, M.; Hikoyeda, N.; Tanjasiri, S.P.
Year: 1997
Title: Aging, Chronic Conditions, and Physical Disabilities in Asian and Pacific Islander Americans
Book Title: Minorities, Aging, and Health
Editor: Markides, K.S.; Miranda, M.R.
Publisher: Sage Publication Inc.
City: Thousand Oaks
Pages: 149-180
Keywords: API; disease; health status; demography; cultural competency; health promotion
Abstract: This chapter provides a broad and brief review of the existing literature on the health status of APIA elderly and makes recommendations for future efforts in research and practice. Because so little research has been conducted on this population, much of the information presented here makes inferences from the studies conducted to their implications on the elderly.

Reference Type: Journal Article
Author: Kagawa-Singer, M; Wellisch, DK; Durvasula, R
Year: 1997
Title: Impact of Breast Cancer on Asian American and Anglo American Women.
Journal: Cultural Medicine and Psychiatry
Volume: 21
Issue: 4
Pages: 449-80

Keywords: API; disease; cultural competency; mental health
Abstract: This pilot study constitutes the first exploration of the impact of breast cancer on Asian American women. Cultural interpretations of the findings are offered to explain the differences in the physical, emotional, and social responses to the breast cancer experience of Asian American women compared with the Anglo Americans, and notably between the Chinese- and Japanese Americans as well. The findings of this study warrant more refined exploration in order to improve the medical, psychological and social outcomes for Asian American women with breast cancer.

Reference Type: Book Section
Author: Kagawa-Singer, M.; Maxwell, A.
Year: 1998
Title: Breast Cancer Screening in Asian and Pacific Islander American Women
Book Title: Preventing and Controlling Cancer in North America: The United States and Mexico
Editor: Weiner, D.
Publisher: Greenwood Publishers
Pages: 1-36
Keywords: API; disease; health promotion/disease prevention; demography; cultural competency
Abstract: This chapter will present a brief review of the limited information currently available on breast cancer screening practices of APA women that more accurately reflects their reality. Overall, the data on screening practices is very sparse because there are no requirements for screening centers to report statistics on screening rates by ethnicity, and general population based surveys poorly sample for APA women. In the latter studies, the resulting sample size of APA women is usually too small for analysis, and they are dropped from published reports with either no acknowledgement or with caveat that the sample size was too small to be included in the analysis (see Wyn, et al, 1996). Therefore, we report on what we have gleamed from published data as well as anecdotal experiences of community workers and geographically specific research reports.

Reference Type: Journal Article
Author: Kagawa-Singer, M
Year: 1998
Title: The Cultural Context of Death Rituals and Mourning Practices
Journal: Oncology Nursing Forum
Volume: 25
Issue: 10
Pages: 1752-6
Keywords: cultural competency; medical services; mental health
Abstract: The purpose of this study is to focus on the universal tasks of coping with the loss of a loved one and describe how various cultures have designed rituals to channel this grief. In developing an awareness and appreciation for the continuity of life for all patients and families, nurses must understand that variations among rituals and mourning practices surrounding death in different cultures provide a meaningful cultural context for patients, families, and friends. This context provides them with a sense of security and coherence as well as emotional, social, and physical resources to navigate this final journey with integrity and peace of mind. Nurses in the United States need to gain a better understanding of the elements and patterns that make up a specific culture's beliefs and practices and integrate this information with an individual patient's and family's personal interpretations of their cultural heritage before prescribing one particular intervention to support the expression of grief and mourning of the bereaved. Culturally informed and tailored care increases the quality of care provided.

Reference Type: Journal Article

Author: Kalish, RA; Yuen, S
Year: 1971
Title: Americans of East Asian Ancestry: Aging and the Aged
Journal: The Gerontologist
Volume: 11
Issue: 2
Pages: 36-47
Alternate Journal: The Gerontologist, 11 (part 2)
Keywords: Japanese; Chinese; Korean; cultural competency; immigration; demography
Abstract: Asian immigrants to the United States are racially distinct from other Americans; they are the products of high civilizations very different from those of the Occident, and most of these persons have come to the United States lacking skills of great value to an industrial society -- they came as laborers and farmers. As a result, their history in this country has generally been one of struggle. They have suffered from racial discriminations; they have encountered major linguistic and cultural barriers to assimilation; and they have occupied low occupational status. Most of the elderly are immigrants and have very little education in this country, although many are literate in their native languages. As a result of these factors, their personal and occupational histories have been controlled by a culture that they did not understand and that they felt unable to influence. Research and services involving elderly Asian Americans must be understood in this context.

Reference Type: Journal Article
Author: Kalish, RA; Moriwaki, S
Year: 1973
Title: The World of the Elderly Asian American
Journal: Journal of Social Issues
Volume: 29
Pages: 187-209
Alternate Journal: Journal of Social Issues, 29
Keywords: API; cultural competency; demography
Abstract: Older Asian Americans share a great deal with their fellow Asian Americans and with their fellow elderly, but the juxtaposition of all elements produces a personal history and present milieu that is shared neither with younger persons of similar national origins nor with age cohorts of various national origins. Understanding these individuals requires knowledge of their cultural origins and effects of early socialization, their life history in the United States, those age-related chances that occur regardless of early learning or ethnicity, and their expectations as to what it means to be old. Many values to which first generation Asian Americans were effectively socialized are highly counterproductive for maintaining adequate life satisfaction during the later years.

Reference Type: Book Section
Author: Kalish, RA; Reynolds, DK
Year: 1976
Title: Japanese Americans
Book Title: Death and Ethnicity: A Psychocultural Study
Publisher: Ethel Percy Andrus Gerontology Center (USC)
City: Los Angeles
Pages: 120-154
Keywords: Japanese; cultural competency; family/caregiving/intergenerational
Abstract: The intent of this project is to emphasize that death occurs to unique individuals living within particular sociocultural settings. Those who provide and plan services need to recognize

both the differences among groups and the differences among individuals within these groups. They need to provide options for those who are representative of their group and options for those whose wants and needs are atypical.

Reference Type: Journal Article
Author: Kamo, Y; & Zhou M
Year: 1994
Title: Living Arrangements of Elderly Chinese and Japanese in the United States
Journal: Journal of Marriage and the Family
Volume: 56
Issue: 3
Pages: 544-558
Alternate Journal: Journal of Marriage and the Family, 56 (3)
Keywords: Chinese; Japanese; family/caregiving/intergenerational; demography
Abstract: This study examines patterns of living arrangements among elderly persons of Chinese and Japanese origin in the United States. Based on 1980 U.S. Census data on 8,052 elderly persons, we draw on three theoretical frameworks -- modernization, cultural specificity, and assimilation -- to explore the effects of acculturation, economic feasibility, and demographic availability on elderly living arrangements. Our results show that patterns of elderly living arrangements vary among Chinese, Japanese, and non-Hispanic whites. Elderly Chinese and Japanese are more likely than their non-Hispanic white counterparts to live in extended family households, particularly in their ever-married children's homes. This pattern appears to hold even after the place of birth is controlled for and even when Chinese and Japanese are given attributes identical to those of non-Hispanic whites. We conclude that while the influence of immigrant culture is significantly reduced through acculturation, the effect of this influence is nonlinear and that the cultural effect on elderly living arrangements will persist longer than expected according to modernization and assimilation models.

Reference Type: Journal Article
Author: Kan, SH; & Sasaki, TT
Year: 1985
Title: Estimating the Number of Issei for a Planned National Probability Survey on the Mental Health Effects of the Wartime Relocation and Internment
Journal: Pacific Asian American Mental Health Research Center Research Review,
Volume: 4
Issue: 1/2
Pages: 1-5
Alternate Journal: Pacific Asian American Mental Health Research Center Research Review, 4 (1/2)
Keywords: Japanese; mental health; other
Abstract: In 1980, the U.S. Commission on Wartime Relocation and Internment of Civilians was established by an act of Congress to review the facts and circumstances of this incident and to assess its impact on those who were relocated and interned. On December 13-14, 1982, the Commission sponsored in Washington, D.C. a conference of behavioral and social scientists to help delineate the social and psychological effects. Research recommendations and their priorities were set up, and among them, the most important one was to conduct a national probability survey of the Issei (the first generation) who were most strongly affected as compared to younger generations, most of whom were very young then (U.S. Commission on Wartime Relocation and Internment of Civilians, 1983).

Reference Type: Journal Article
Author: Kaplan, M

Year: 1993
Title: Recruiting Senior Adult Volunteers for Intergenerational Programs: Working to Create a "Jump on the Bandwagon" Effect
Journal: Journal of Applied Gerontology
Volume: 12
Issue: 1
Pages: 71-82
Alternate Journal: Journal of Applied Gerontology, 12 (1)
Keywords: community services; cultural competency; family/caregving/intergenerational
Abstract: This article provides an overview of different senior adult volunteer recruitment strategies and addresses the challenge of recruiting a steady flow of motivated volunteers. It argues for reconceptualizing volunteer recruitment as a multistep process, one in which senior adults can sample what it is like to interact with, and learn about, youth before deciding whether to join an intergenerational program.

Reference Type: Book
Author: Kaptchuk, T.J.
Year: 1983
Title: The Web That Has No Weaver: Understanding Chinese Medicine
Publisher: Congdon & Weed, Inc.
City: Chicago, IL
Number of Pages: 402
Keywords: alternative medicine; Chinese; international
Abstract: This article discusses the principles of Chinese medicine. "Chinese medicine is a coherent system of thought that does not require validation by the West as an intellectual construct. Intellectually, the way to approach Chinese concepts is to see whether they are internally logical and consistent, not to disguise them as Western concepts or dismiss them because they do not conform to Western notions. And the system is internally consistent - it is an organization of all the observable manifestations of the body into an integrated set of functions and relationships. Understanding of these functions and relationships enables the practitioner to identify and treat a disharmony in them." (p52)

Reference Type: Journal Article
Author: Kato, H; Tillotson, J; Nichaman, M; Rhoads, G.C.; Hamilton, H.B.
Year: 1973
Title: Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Serum Lipids and Diet
Journal: American Journal of Epidemiology
Volume: 97
Issue: 6
Pages: 372-385.
Alternate Journal: American Journal of Epidemiology, 97
Keywords: international; Japanese; disease; health status
Abstract: The relationship between serum lipids, i.e., serum cholesterol and casual serum triglycerides, and dietary intake was investigated in men of Japanese ancestry resident in Japan, Hawaii and California as part of a large scale comparative study of cardiovascular disease. The study provided a good opportunity for such an effort because dietary intake patterns varied remarkably among the three cohorts although their genetic background is essentially the same. Serum cholesterol showed a positive regression with dietary intake of saturated fat, animal protein, and dietary cholesterol. The regression with saturated fat was more strongly observed in Japan where average body weight and serum cholesterol levels are considerably lower than in

the more Americanized cohorts, and where average dietary fat intakes are roughly 40% of those recorded in Hawaii and California. Interestingly, the relationship between saturated fat intake and serum cholesterol was stronger in the groups with lower relative body weight in both Japan and Hawaii. Serum cholesterol was negatively associated with complex carbohydrate intake, but no association was observed with simple carbohydrate. Regression of nutrient variables with casual triglyceride measurements was weak, although consistently negative with the calorie/weight index.

Reference Type: Journal Article
Author: Kelly, AW; Fores Chacori, M; Wooan, PC; Trapp, MA; Weaver, AL; Barrier, PA; Franz, WB 3rd; Kottke, TE
Year: 1996
Title: A Program to Increase Breast and Cervical Cancer Screening for Cambodian Women in a Midwestern Community
Journal: Mayo Clinic Proceedings
Volume: 71
Issue: 5
Pages: 437-44
Keywords: Cambodian; health promotion/disease prevention; cultural competency
Abstract: This study is designed to determine local screening rates for breast and cervical cancer screening among Cambodian women older than 50 years of age who had used the health-care system, to compare these rates with those for non-Cambodian women, to identify barriers to screening among Cambodians, and to implement community screening. Initial screening rates for Cambodians were significantly lower than for the non-Cambodians. Expressed barriers included lack of knowledge about cancer, shyness at physical examination, lack of transportation, fear of a large, technical medical center, and individual appointments. After the intervention, community screening rates were almost five times higher than at baseline. The intervention was successful in overcoming organizational, economic, and cultural barriers to cancer screening among older Cambodian women in this setting.

Reference Type: Journal Article
Author: Kent, DP
Year: 1971
Title: The Elderly in Minority Groups: Variant Patterns of Aging
Journal: The Gerontologist
Volume: 11
Issue: part 2
Pages: 2629.
Alternate Journal: The Gerontologist, 11 (part 2)
Keywords: cultural competency
Abstract: In gerontological writings the observation that the aged are a heterogeneous population is commonplace, but nonetheless true. However, the dissimilarities prompting the caveat usually derive from the fact of individual differences in the aging process. What is often overlooked is that aging is also a social process. There is an "appropriate" way to age; or more accurately, in every culture there are normative behavioral prescriptions for recognized age grades. These norms are manifest by individuals to the extent permitted by biological powers and the social structure. While the biological differences between individuals and their consequences for aging are well recognized, the social and cultural differences between groups of individuals and their consequences for aging are less often recognized. The papers in this collection are concerned with differences in aging stemming from social and cultural factors.

Reference Type: Journal Article

Author: Kibria, N
Year: 1990
Title: Power, Patriarchy, and Gender Conflict in the Vietnamese Immigrant Community
Journal: Gender & Society
Volume: 4
Issue: 1
Pages: 9-24
Alternate Journal: Gender & Society, 4 (1)
Keywords: Vietnamese; family; immigration; cultural competency
Abstract: Based on ethnographic study of women's social groups and networks in a community of Vietnamese immigrants recently settled in the United States, this article explores the effects of migration on gender roles and power. The women's groups and networks play an important role in the exchange of social and economic resources among households and in the mediation of disputes between men and women in the family. These community forms are an important source of informal power for women, enabling them to cope effectively with male authority in the family. Yet, despite their increased power and economic resources, these women supported a patriarchal social structure because it preserved their parental authority and promised greater economic security in the future.

Reference Type: Journal Article
Author: Kiefer, CW.
Year: 1971
Title: Notes on Anthropology and the Minority Elderly
Journal: The Gerontologist
Volume: 11
Issue: part 2
Pages: 94-98.
Alternate Journal: The Gerontologist, 11 (part 2)
Keywords: cultural competency
Abstract: "My purpose in this brief paper is twofold: First, I will try to summarize the contributions of the anthropological experience and training to the study of minority elderly. In this I address myself to gerontologists who might wish to borrow anthropological skills, or anthropological data, to widen their perspective. My second major topic will be the ways in which research on the minority elderly might enrich anthropology itself."

Reference Type: Book Section
Author: Kiefer, CW
Year: 1974
Title: Lessons from the Issei
Book Title: Laterlife: Communities and Environmental Policies.
Editor: Gubrium, JF
Publisher: Charles C Thomas.
City: Springfield, IL
Pages: 167-197
Keywords: Japanese; cultural competency; family/caregiving/intergenerational
Abstract: Interviews of aging Japanese immigrants -- or issei -- and their children and grandchildren as part of a larger multicultural study. Over five years, this study reflects information on twenty issei, the community the lived in. Interviews were conducted with issei informants in their homes several times - about ten or twelve hours per person altogether. Information was also obtained from their children and grandchildren, their pastors, their friends, and their ethnic news media. The report concentrates on the problems of old age in their culture

and their ways of handling these problems.

Reference Type: Book Section
Author: Kiefer, CW
Year: 1974
Title: The Cultural Process: Issei, Nissei, Sansei
Book Title: Changing Cultures, Changing Lives
Publisher: Jossey-Bass Publishers.
City: San Francisco
Pages: 95-259
Series Title: The Jossey-Bass Behavioral Science Series
Edition: First
Keywords: Japanese; cultural competency; family/caregiving/intergenerational
Abstract: Any attempt to discuss the cultural role of the Japanese in America must deal with the remarkably clear-cut differences between three generations, both in behavior and in self-perception. The subject of this chapter is the substantive differences between the generations, but first I want to explore why the differences are so clear cut. Or, to be more logically careful, I want to look at some distinctive characteristics of Japanese American history and culture that seem logically related to generational distinctions and generational self-consciousness.

Reference Type: Journal Article
Author: Kiefer, CW; Kim, S; Cho, K; Kim, B-L; Shon, S; Kim, T
Year: 1987
Title: Adjustment Problems of Korean American Elderly
Journal: Pacific Asian American Mental Health Research Center Research Review
Volume: 6
Issue: 1/2
Pages: 8-10.
Alternate Journal: Pacific Asian American Mental Health Research Center Research Review, 6 (1/2)
Keywords: Korean; mental health; immigration/refugee; cultural competency
Abstract: Fifty elderly Korean immigrants were intensively interviewed to identify typical adjustment problems of this group. Ratings of overall stress and adjustment were made in five areas of functioning: social, cultural, economic, health and emotional/cognitive. Adjustment was positively related to education, length of residence in the United States, and multigenerational household structure.

Reference Type: Book Section
Author: Kim, P.
Year: 1983
Title: Demography of the Asian Pacific Elderly: Selected Problems and Implications
Book Title: Aging Minority Groups
Editor: McNeely, R.L.; Cohen, J.L.
Publisher: Sage
City: Beverly Hills
Pages: 29-41
Keywords: API; demography; community services; other (policy)
Abstract: The chapter enumerates and describes the current Asian-American elderly population and their specific needs, and discusses public policy implications to better serve this particular segment of the minority elderly.

Reference Type: Journal Article
Author: Kim, HS; Shwartz-Barcott, D
Year: 1983
Title: Social Network and Adjustment Process of Korean Elderly Women in America; Some Unexpected Findings
Journal: Pacific Asian American Mental Health Research Center Research Review
Volume: 2
Issue: 3
Pages: 1-2.
Alternate Journal: Pacific Asian American Mental Health Research Center Research Review, 2 (3)
Keywords: Korean; mental health; immigration/refugee; cultural competency
Abstract: The study examines the consequences of immigration for elderly Korean women who arrived in the U.S. in the early 1970s. More specifically we are interested in gaining an understanding of the ways these elderly women adapted to life in the United States.

Reference Type: Journal Article
Author: Kim, KK; Kohrs, MB; Twork, R; Grier, MR
Year: 1984
Title: Dietary Calcium Intakes of Elderly Korean Women
Journal: Journal of the American Dietetic Association
Volume: 84
Issue: 2
Pages: 164-169.
Alternate Journal: Journal of the American Dietetic Association, 84 (2)
Keywords: Korean; health status
Abstract: Dietary calcium intake among elderly Korean Americans was examined. Results of this study indicate that calcium intakes of the women were considerably lower than the Recommended Dietary Allowance partly because of their lower consumption of dairy products and lower energy intakes. For the same reasons, nonparticipants in a nutrition program for the elderly were less likely than participants to consume adequate amounts of calcium. A number of other factors may have influenced low calcium intake by some subjects.

Reference Type: Journal Article
Author: Kim, PK; Kim, J-S
Year: 1989
Title: Curriculum Development for Social Work with Asian-American Elderly
Journal: Gerontology & Geriatrics Education
Volume: 10
Issue: 2
Pages: 89-98.
Alternate Journal: Gerontology & Geriatrics Education, 10 (2)
Keywords: API; cultural competency; medical services; other (education)
Abstract: Discusses a pragmatic educational model for preparing social workers for working with Asian American elderly.

Reference Type: Book Section
Author: Kim, PKH.
Year: 1990
Title: Asian Families and the Elderly
Book Title: Minority aging: Essential Curricula Content for Selected Health and Allied Health

Professions,
Editor: Harper, MS
Publisher: US Government Printing Office.
City: Washington, DC
Pages: 349-363
Edition: Health Resources and Services Administration, Department of Health and Human Services, DHHS Publication No HRS (P-DV-90-4)
Keywords: Chinese; Japanese; Korean; Filipino; family/caregiving
Abstract: Purposes of the chapter: (a) examining the social reality of Asian American elderly and its relationship with the traditional and acculturated family structure, and (b) proposing pragmatic strategies to improve the quality of life of Asian elders in the US. Due to the paucity of literature of Asian American groups, discussion on Chinese, Japanese, Korean, and Filipino elderly is provided. Nonetheless, it is perhaps not incorrect to assume that other Asian groups, such as Southeast Asians, share circumstances very similar to the former. Characteristics of family situations of Asian American elderly are briefly reviewed.

Reference Type: Book Section
Author: Kim, P.K.; Kim, J.S.
Year: 1992
Title: Korean Elderly: Policy, Program, and Practice Implications
Book Title: Social Work Practice With Asian Americans
Editor: Furuto, S.M.; Biswas, R.; Chung, D.K.; Murase, K.; Ross-Sheriff, F.
Publisher: Sage Publications
City: Newbury Park
Pages: 227-239
Keywords: Korean; demography; cultural competency; health status; mental health; other (policy)
Abstract: This chapter presents the following: (a) a description of demographic and social characteristics of Korean elderly; (b) a discussion of the three major problems that confront the elderly -- economic security, poor health, and mental health problems, including racial discrimination; (c) policy and program recommendations to alleviate the plight of the elderly; and (d) social work practice implications in relation to the values and traditions of Korean elderly.

Reference Type: Journal Article
Author: Kim, MT
Year: 1995
Title: Cultural Influences on Depression in Korean Americans
Journal: Journal of Psychosocial Nursing Mental Health Service
Volume: 33
Issue: 2
Pages: 8-13
Keywords: Korean; mental health; cultural competency; medical services
Abstract: This article discusses how mental health practitioners must be sensitive and aware of individual differences by focusing on Korean Americans. An understanding of how cultural and social forces affect the vulnerability to depression should guide practitioners to design and implement culturally relevant treatment regimens for all clients (Weiss, 1988). Future research into the mental health needs of KAs should include assessments of needs in order to provide a basis for planning the prevention and intervention programs to adequately meet Korean Americans' mental health needs.

Reference Type: Book Section

Author: Kim, J.H.; Moon, A.; Shin, H. S.
Year: 1997
Title: Elderly Korean American Women Living in Two Cultures
Book Title: Korean American Women Living in Two Cultures
Editor: Song, Y. I.; Moon, A.
Publisher: Academia Koreana
City: Los Angeles
Pages: 191-204
Keywords: Korean; cultural competency; demography; family
Abstract: The purpose of this chapter is to provide an overview of the demographic characteristics, economic status and labor force participation, religious and family values in transition, living arrangements, and the utilization by elderly Korean Americans, especially women, of social services.

Reference Type: Journal Article
Author: Kim, Y; Grant, D
Year: 1997
Title: Immigration Patterns, Social Support, and Adaptation Among Korean Immigrant Women and Korean American Women.
Journal: Cultural Diversity in Mental Health
Volume: 3
Issue: 4
Pages: 235-45
Keywords: Korean; immigration/refugee; cultural competency; mental health
Abstract: With the goal of contributing to the social work knowledge base regarding this understudied population, this article uses an emic understanding and approach to examine immigration patterns, social support networks, and issues around adaptation experienced by Korean American women. Issues examined include gender role disruption, limited use of social services, and evidence of depressive symptoms in Korean American women and subsequent risk of substance abuse, suicide, battering, loss of employment, deficits in parenting, and mental health problems. Focus on these areas of functioning suggests the need for development of culturally competent community, family, individual, and organizational-level intervention strategies.

Reference Type: Journal Article
Author: Kim, O
Year: 1997
Title: Loneliness: A Predictor of Health Perceptions Among Older Korean Immigrants
Journal: Psychological Reports
Volume: 81
Issue: 2
Pages: 591-4
Keywords: Korean; immigration/refugee; health status
Abstract: This study examined whether loneliness predicts health perceptions, i.e., emotional and physical health in a sample of 174 older Korean immigrants living in a metropolitan area. Scores on the revised UCLA Loneliness Scale predicted scores on the Live Satisfaction Index-Z and perceived physical health in the older Koreans, but not scores on the Symptom Pattern Scale.

Reference Type: Journal Article
Author: Kim, K; Yu, ES; Chen, EH; Kim, J; Brintnall, RA

Year: 1998
Title: Colorectal Cancer Screening. Knowledge and Practices Among Korean Americans
Journal: Cancer Practices
Volume: 6
Issue: 3
Pages: 167-75
Keywords: Korean; disease prevention; disease; cultural competency
Abstract: The purpose of this study was to examine knowledge and practices of colorectal cancer screening among Korean Americans. The sample consisted of 104 Korean American men and 159 women, 40 to 69 years of age, living in the Chicago area. The findings of this study underscore the importance of cancer education and further research addressing the cancer screening needs of Korean Americans. Currently, Korean Americans do not see health care providers or health brochures as valuable sources of health information. Therefore, health care professionals need to target this population by (1) coordinating their efforts with church and other community leaders and (2) developing health brochures that are in the Korean language and sensitive to the Korean culture.

Reference Type: Journal Article
Author: Kimminau, KS; Yoshinobu, BH
Year: 1997
Title: Pharmacist Counseling of Older People
Journal: Journal of the American Geriatrics Society
Volume: 44
Issue: 3
Pages: 335-336
Alternate Journal: JAGS
Keywords: API; cultural competency; medical services; alternative medicine
Abstract: Reports on a project to evaluate the impact of having a pharmacist counsel older patients about their prescriptions. The goal of the project was to judge whether or not the use of a pharmacist in this role would be helpful in reducing drug related problems. In addition, given the significant population of Asians and Pacific Islanders in the sample, social and cultural factors were considered important variables. We were interested to know the extent to which ethnomedical and nonprescription drugs were used and whether they predisposed individuals who used them to increased adverse drug problems or drug interaction risks.

Reference Type: Journal Article
Author: King, H; Haenszel, W
Year: 1973
Title: Cancer Mortality Among Foreign- and Native-Born Chinese in the United States.
Journal: Journal of Chronic Diseases
Volume: 26
Pages: 623-646
Alternate Journal: Journal of Chronic Diseases, 26
Keywords: disease; Chinese; health status
Abstract: Smith's review of cancer mortality among Chinese in the United States as of 1949-1952 represented the first systematic compilation of the cancer experience in this racial group [1]. Prior to that time the occasional and fragmentary analyses of clinical and autopsy materials assembled in several countries lent support to the idea that the Chinese site profile of cancer risks differed on several counts from that observed for U.S. whites [1]. The 1959-1962 mortality tabulations for the continental United States and Hawaii included information on country of birth making possible the investigation of differences in risk between foreign and native born Chinese.

Since Smith's publication, mortality and incidence data for selected Chinese populations in Asia have become available and the literature based on clinical and necropsy series has continued to grow. In reporting the more recent 1959-1962 data we have endeavored to place them in context with findings on Chinese populations elsewhere and to identify configurations of results that may suggest leads for further cancer studies of Chinese populations.

Reference Type: Book Section
Author: King, H.
Year: 1975
Title: Selected Epidemiologic Aspects of Major Diseases and Causes of Death Among Chinese in the United States and Asia
Book Title: Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies
Editor: Kleinman, A.; Kunstadter, P.; Alexander, E. R.; Gale, J. L.
Publisher: DHEW Public Health Service, National Institutes of Health
City: Washington DC
Volume: 75-653
Pages: 487-550
Series Editor: Sciences, John E. Fogarty International Center for Advanced Study in the Health
Keywords: Chinese; international; health status; diseases
Abstract: An earlier paper dealt substantively with cancer epidemiology of the Chinese in four areas (King and Haenszel, 1973). As a companion study, this paper compares the general epidemiologic patterns of selected major diseases and cause of death among the Chinese in the United States, Taiwan province, Hong Kong, and Singapore. When possible, epidemiolgic information on the Chinese in the PRC is brought into the discussion. Further, selected causes of death among the Chinese in Hawaii and Singapore are compared with those of other ethnic groups in each area. Like the earlier study on cancer, this paper emphasizes mortality differences by nativity among U.S. Chinese.

Reference Type: Journal Article
Author: King, R.D.
Year: 1997
Title: Should English be the law?
Journal: The Atlantic Monthly
Volume: 279
Issue: 4
Pages: 55-58,60-61,64
Keywords: cultural competency; immigration/refugee; other (policy)
Abstract: Official language initiatives were passed by California in 1986, Arizona, Mississippi, North Carolina, North Dakota, South Carolina in 1987, by Colorado, Florida, Arizona in 1988 and Alabama in 1990 all with substantial majorities. The article describes several reasons for the current and historical campaigns around language in the U.S. and other countries. "Passing laws about language, in a free society, almost never changes attitudes or behavior" (p64), but a concept he calls "unique otherness" has been known to "immunize countries against linguistic destabilization" (p 64) such as Switzerland and India. Language is not a means of communication, but a means of communion according to linguist, Mauro Mujica - it's not about a threat to English as the prevalent language, so much as a symptom of racial, economic and other divisions in the society.

Reference Type: Book Section
Author: Kitano, HHL
Year: 1990

Title: Values, Beliefs, and Practices of the Asian-American Elderly: Implications for Geriatric Education
Book Title: Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions
Editor: Harper, MS
Publisher: US Government Printing Office
City: Washington, DC
Pages: 341-348
Edition: Health Resources and Services Administration, Department of Health and Human Services, DHHS Publication No HRS (P-DV-90-4),
Keywords: Japanese; cultural competency; medical services
Abstract: Overview of cultural factors that affect service use particularly for Japanese in the U.S.

Reference Type: Book Section
Author: Kitano, H.H.L.; Shibusawa, T.; Kitano, K.J.
Year: 1997
Title: Asian American Elderly Mental Health
Book Title: Minorities, Aging, and Health
Editor: Markides, K.S.; Miranda, M.R.
Publisher: Sage Publication Inc
City: Thousand Oaks, CA
Pages: 295-315
Keywords: API; mental health; demography; cultural competency
Abstract: The purpose of the following chapter is to go beyond the stereotypes, the opinions, and guesses and cover the following:
(1) To provide relevant demographic data as background for understanding different Asian American groups
(2) To provide a heuristic model to assess the role of acculturation and ethnic identity
(3) To summarize studies concerning mental health and mental illness
(4) To provide suggestions for future studies.

Reference Type: Journal Article
Author: Klatsky, AL; Tekawa, IS; Armstrong, MA
Year: 1996
Title: Cardiovascular Risk Factors among Asian Americans
Journal: Public Health Report
Volume: 111
Issue: Suppl 2
Pages: 62-4
Keywords: API; immigration/refugee; health status
Abstract: Many Asian Americans have recently immigrated to the United States, but there have been few studies of cardiovascular risk factors in these groups. Researchers analyzed data from 13,031 people who described themselves as Chinese, Filipino, Japanese, and other Asians, and used regression analyses controlled for age, alcohol use, education, and marital status. Adjusted mean body mass index and smoking prevalence were lowest in Chinese men and women. Adjusted total cholesterol levels were highest in Japanese men and women. Hypertension prevalence was highest in Filipino men and women. Comparisons of Asians born outside the United States with those U.S.-born showed 1) no major cholesterol differences; 2) higher body mass index in U.S.-born men, but not in women of most races; 3) more hypertension only in U.S.-born Chinese men; and 4) a lower smoking prevalence in U.S.-born men but generally higher smoking prevalence in U.S.-born women. These data show important ethnic differences in

cardiovascular risk factors among Asian Americans and have implications for targeting public health efforts.

Reference Type: Book Section
Author: Kleinman, A; & Kleinman, J
Year: 1985
Title: Somatization: The Interconnections in Chinese Society among Culture, Depressive Experiences, and the Meanings of Pain
Book Title: Culture and Depression
Publisher: University of California Press
City: Berkeley
Pages: 429-190
Keywords: international; mental health; cultural competency
Abstract: The theme we will develop is that the disorder depression, though diagnosable worldwide with standard criteria based on psychobiological dysfunction that appears to be universal, can be looked at in another way, as fundamentally a relationship between an individual and society. We will interpret chronic pain in the lives of patient's we studied in the People's Republic of China through the meanings and legitimacies this "disvalued experience" holds for them, their families, their work relationships, and their physicians. Inasmuch as these individuals construed the experience as neurasthenia, we will briefly return to the controversy regarding neurasthenia and depression in China and the West. We will reexamine this controversy, which we dealt with at great length in an earlier publication (Kleinman 1982), to analyze the cultural construction of the depression-neurasthenia-chronic pain connection as a complement to our interpretation of its social production. If the psychiatric investigation of depression cross-culturally is to become more discriminating in its analysis of depression's social sources and cultural variation, it must draw on interpretive theory and methodology from anthropology. Similarly, if anthropological analyses are to account for the psychobiological processes in depression (and other disorders), and not to do so is to distort the nature of their cross-cultural subject matter, then anthropology too must proceed with an integrative (culture - nature) framework for the analysis and comparison, albeit one with different emphases than psychiatry. This chapter reviews our attempt to forge such an anthropological psychiatry and psychiatric anthropology.

Reference Type: Journal Article
Author: Klessig, J.
Year: 1992
Title: The Effect of Values and Culture on Life-Support Decisions
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 316-322
Keywords: cultural competency; medical services; family
Abstract: Withdrawing life support is always difficult. When patients and health professionals are from different ethnic backgrounds, value systems that form the basis for such decisions may conflict. Many cultural groups do not place the same emphasis on patient autonomy and self-determination that Western society does and find the idea of terminating life support offensive. Although physicians should never assume patients will respond in a particular way because of their ethnic background, issues of life support should be discussed in a culturally sensitive way. African-American, Chinese, Jewish, Filipino, Mexican-American, and Korean patients were surveyed about their views on life support. The findings reported here, although not meant to be definitive, should add to health professionals understanding about diverse beliefs around life-and-death issues. By becoming aware of this diversity of beliefs, health professionals can avoid the

damage to the physician-patient relationship caused by conflicting value systems.

Reference Type: Report
Author: Klineberg, SL
Year: 1996
Title: Houston's Ethnic Communities
Institution: Rice University
Date: 1996
Report Number: 3rd edition
Keywords: demography; API; cultural competency
Abstract: Describes the diversity of population in Houston, TX. Includes findings and recommendations that have implications for community service planning and service approaches among ethnically and racially diverse communities.

Reference Type: Journal Article
Author: Ko, C; Cohen, H
Year: 1998
Title: Intraethnic Comparison of Eating Attitudes in Native Koreans and Korean Americans Using Korean Translation of the Eating Attitudes Test.
Journal: Journal of Nervous Mental Disorders
Volume: 186
Issue: 10
Pages: 631-6
Keywords: Korean; cultural competency; mental health
Abstract: Although Asian samples have been studied using the Eating Attitudes Test (EAT-26), the literature lacks data on Korean samples. Furthermore, although cross-cultural studies of eating disorders have been done, intraethnic studies are lacking. This study concerns an intraethnic Korean comparison of eating attitudes. The EAT-26 was translated into Korean and validated by back-translation and by a preliminary study on 32 bilingual (Korean and English-speaking) Korean women. The validated Korean translation was completed by a sample of 195 native South Koreans (NKs) and scores seemed to indicate that the NKs had more disordered eating attitudes. Furthermore, the KAs appear to be a low-risk sample for eating disorders. Implications for further research are discussed.

Reference Type: Book Section
Author: Kobata, F
Year: 1979
Title: The Influence of Culture on Family Relations: The Asian American Experience
Book Title: Aging Parents
Editor: Ragan, PK
Publisher: University of Southern California Press
City: Los Angeles, CA
Pages: 94-106
Keywords: cultural competency; API
Abstract: Asian Americans have been described alternately as "the quiet Americans," "the model minority," "the silent minority," and "the bamboo people" -- descriptions which depict characteristics and behaviors associated with reserve, perseverance, strength, and resiliency. Prevailing attitudes are that "Asians don't have problems" or " they take care of their own." The cultural heritages and unique problems and concerns of Asian Americans are relatively unknown to other Americans, perhaps because of their smaller numbers relative to other ethnic minority groups and to the majority population. "Who are the Asian elderly?"

Reference Type: Book Section
Author: Kobata, FK; Lockery, SA; Moriwaki, SY
Year: 1980
Title: Minority Issues in Mental Health and Aging
Book Title: Handbook of Mental Health and Aging
Editor: Birren, JE; Sloane, RB
Publisher: Prentice-Hall Inc
City: Eagle Cliffs, NJ
Pages: 448-467
Keywords: cultural competency; mental health
Abstract: Issues are raised here which may stimulate further exploration of the complex world of the minority elderly and the resultant implications for their mental health. The first section deals with the minority experience in America, that is, what do we mean by the term "minority", and how is it related to one's ethnic and cultural background. The second section examines the definitions of mental health and current assessment instruments and their applicability for minority elderly. The third section deals with the subject of prevention and treatment; and the final section provides some implications for research, training, and service programs.

Reference Type: Journal Article
Author: Koh, J.Y.; Bell, W.G.
Year: 1987
Title: Korean Elders in the United States: Intergenerational Relations and Living Arrangements
Journal: Gerontologist
Volume: 27
Issue: 1
Pages: 66-71
Keywords: Korean; family/caregiving/intergenerational; demography
Abstract: A sample of Korean elders aged 60 and over residing in the New York City area were interviewed with regard to their living arrangements, service needs, and orientation to filial and formal support systems. Comparison with available data on elders in South Korea revealed changes have occurred in inter-generational relations and living arrangements for older Koreans in the U.S. The findings suggest that both Korean elders and their adult children in the U.S. have accepted a pattern of coexistence more characteristic of the U.S. than of Korea.

Reference Type: Journal Article
Author: Koike, G; Yokono, O; Iino, S; Adachi, M; Yamamoto, T; Puloka, T; Suzuki, M
Year: 1984
Title: Medical and Nutritional Surveys in the Kingdom of Tonga; Comparison of Physiological and Nutritional Status of Adult Tongans in Urbanized (Kolofo-ou) and Rural (Uiha) Areas
Journal: Journal of Nutritional Science and Vitaminology
Volume: 30
Issue: 4
Pages: 341-56
Keywords: Tongan; international; health status
Abstract: The physiological and nutritional status of adult Tongans in rural (Uiha, 50 males and 58 females) and urbanized (Kolofo-ou, 77 males and 71 females) areas were surveyed in 1977 and 1979, respectively. Adult Tongans of both sexes in the two districts had considerably large physiques. Being different from the obesity found in peoples of industrialized countries, the obese state of adult Tongans was associated with large muscularity, low incidence of glucosuria, ECG abnormalities and hypertension, and normal plasma cholesterol levels. However,

modernization has started to have an influence upon the health of adult Tongans; relatively high levels in parameters relating to obesity as well as higher incidence of hypertension were observed in adult Tongans in Kolofo-ou as compared to adult Uiha islanders.

Reference Type: Journal Article
Author: Kolonel, LN
Year: 1980
Title: Cancer Patterns of Four Ethnic Groups in Hawaii
Journal: Journal of National Cancer Institute
Volume: 65
Issue: 5
Pages: 27-39
Alternate Journal: Journal of National Cancer Institute, 65 (5)
Keywords: Chinese; Filipino; Japanese; disease; health status; health promotion
Abstract: Cancer risks were compared in the Japanese, Chinese, Hawaiian, and Filipino populations of Hawaii with those in the U.S. white population. The analysis used standardized incidence ratio(s) (SIR), based on the U.S. white incidence rates for 1970. In general, the risks for many major cancers in the Japanese, Chinese, and Filipinos were low in relation to U.S. whites, whereas those for Hawaiians were high. However, the SIR values for the various cancer sites and types varied considerably within each ethnic group. Ethnic-specific data on smoking, drinking, and dietary habits and on sociologic and demographic factors were examined in relation to the SIR findings. Some of the results were consistent with current etiologic hypotheses, whereas others suggested areas for further epidemiologic study.

Reference Type: Journal Article
Author: Komaromy, M.; Grumbach, K.; Drake, M.; Vranizan, K.; Lurie, N.; Keane, D.; Bindman, A.B.
Year: 1996
Title: The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations
Journal: New England Journal of Medicine
Volume: 334
Issue: 20
Pages: 1305-1310
Keywords: medical services; cultural competency; other (policy)
Abstract: Patients who are members of minority groups may be more likely than others to consult physicians of the same race or ethnic group, but little is known about the relation between patients' race or ethnic groups and the supply of physicians or the likelihood that minority-group physicians will care for poor or black and Hispanic patients. Black and Hispanic doctors have a unique and important role in caring for poor, black, and Hispanic patients in California. Dismantling affirmative action programs, as is currently proposed, may threaten health care for both poor people and members of minority groups.

Reference Type: Newspaper Article
Reporter: Kong, D.
Year: 1992
Title: US to Probe Bias Charges at Welfare Department
Newspaper: The Boston Globe
City: Boston, MA
Pages: 15, 17
Date: 1/20/92

Keywords: immigration; other (welfare)
Abstract: Greater Boston Legal Services has filed a suit against the Massachusetts Department of Welfare for alleged civil rights discrimination against persons who do not speak English, who are denied benefits for which they are eligible: AFDC. general relief, food stamps.

Reference Type: Journal Article
Author: Koseki, LK; Reid, SE
Year: 1991
Title: Elderly Self Care Education: A Low Technology Primary Health Care Option for Developing Countries
Journal: Asia Pacific Journal of Public Health
Volume: 5
Issue: 4
Pages: 322-330
Alternate Journal: Asia Pacific Journal of Public Health, 5 (4)
Keywords: health promotion/disease prevention
Abstract: This article presents a number of perspectives on the curriculum building processes as well as the methodology and content of a self care training curriculum and information packet that were prepared and field testing for the development of a model self care education program for older persons. Course content and topical areas are outlined, and various training agenda and educational materials are described. Although this program was undertaken as part of the national goal to develop a health promotion and disease prevention strategy for older people in the United States, a number of insights, principles and implications drawn from the curriculum development activities and field testing experiences are applicable to other countries, especially developing nations where the problems and needs of the aged are becoming increasingly apparent in the face of ever shrinking resources.

Reference Type: Journal Article
Author: Koseki, LK; & Reid, SE
Year: 1993
Title: Adopting a Self-Care Curriculum for Pacific Asian Elderly in Hawaii
Journal: American Journal of Health Promotion
Volume: 7
Issue: 4
Pages: 257-259
Alternate Journal: American Journal of Health Promotion, 7 (4)
Keywords: API; health promotion/disease prevention
Abstract: The self-care education program was designed to facilitate and encourage older people to help themselves by taking a more active role in the management of their health based upon a belief that the opportunity for choice promotes health and preserves individual dignity and self-worth. This project was aimed at assisting senior citizens, primarily Asian and Pacific Islanders, to achieve further gains in longevity, independence, productivity, and a rewarding life without being hampered by many health problems that are within their capacity to control. In spite of the overwhelming amount of self-care that is practiced before seeking professional care, comprehensive self-care programs represent a relatively new trend in consumer education. These practices, which reportedly account for 85% of all health care in the world, are generally considered harmless and usually appropriate. While their popularity grows and more attention is devoted to their promotion and marketing, only a few self-care programs are tailored specifically for the elderly. Such programs for Pacific Asian elderly, however, are almost nonexistent.

Reference Type: Journal Article
Author: Koseki, LK; Reid, SE

Year: 1995
Title: Health Status, Life Satisfaction and Health Practices: A Study of Pacific Asian and Native Hawaiian Elderly Cohorts
Journal: Asia Pacific Journal of Public Health
Volume: 8
Issue: 2
Pages: 95-101
Keywords: Hawaiian; API; health status; cultural competency
Abstract: This article describes the sociodemographic characteristics, self-ratings of health status, life satisfaction and health practices of Pacific Asian and Native Hawaiian elderly groups. The data were gathered from two separate, non-equivalent elderly cohorts in an elderly self-care education program in Hawaii during the period 1989-1992. The findings generally reflected favorable self-ratings of health status, high life satisfaction levels, and positive health practices for both of these minority elderly groups. The exceptions regarding several health practices relate to snacking between meals, overweight problems and insufficient sleep for a sizable proportion of both groups. Slight to moderate differences between the two groups were also evident in (1) eating habits; (2) snacking; (3) types of physical activities; (4) weight control; (5) sleep patterns; (6) alcohol use; and (7) smoking. Despite the article's exploratory nature and limitation in the generalizability of its findings, the data offer a beginning database for Asian and Pacific Island elderly which is sorely lacking.

Reference Type: Journal Article
Author: Kotchek, L
Year: 1980
Title: "Of Course, We Respect Our Old People, But..." Aging Among Samoan Migrants
Journal: California Sociologist
Volume: 3
Issue: 2
Pages: 197-212.
Keywords: Samoan; cultural competency; family/caregiving/intergenerational; immigration/refugee
Abstract: A fieldwork study of Samoan migrants was conducted in Seattle, Washington from 1970-1975. The investigator contacted informants through Samoan churches, organizations, and kinship networks. Data was gathered from confidential interviews and from participant observation at church services or other Samoan functions. The study identified a population of 595 Samoans living in this urban area. Case studies are cited subsequently in this article as examples of the status and roles of aged Samoan migrants. These specific descriptions are based on data gathered in the main study. Although they are representative of the elderly population, they are fictionalized generalizations in order to avoid identifying any specific mainland Samoan. The proper names mentioned in this article are Samoan terms for cardinal numbers.

Reference Type: Book Section
Author: Koyama, T
Year: 1962
Title: Changing Family Structure in Japan
Book Title: Japanese Culture: Its Development and Characteristics
Editor: Beardsley, R. Smith & R.
Publisher: Aldine Publishing Company
City: Chicago
Pages: 47-54

Keywords: international; cultural competency; family
Abstract: A look at the family system of Japan and its change over time.

Reference Type: Journal Article
Author: Koyama
Year: 1964
Title: Changing Family Composition and the Position of the Aged in Japanese Family
Journal: International Journal of Comparative Sociology
Volume: 5
Pages: 155-161
Alternate Journal: International Journal of Comparative Sociology, 5,
Keywords: international; family/caregiving/intergenerational; demography
Abstract: Among the factors which may be regarded as contributing to the shrinkage of family size in Japan today, presumably the most obvious are (1) the decline in the birth rate due to the spread of birth control measures such as legal abortion and contraception, and (2) a growing tendency toward what may be called the nuclear fission of the family.

Reference Type: Journal Article
Author: Kramer, BJ; Barker, J
Year: 1991
Title: Ethnic Diversity in Aging and Aging Services in the U.S.: Introduction
Journal: Journal of Cross Cultural Gerontology
Volume: 6
Issue: 2
Pages: 127-133
Keywords: cultural competency; community services; other (policy)
Abstract: This collection on ethnic diversity in the U.S. grew out of two symposia presented at the 1990 annual meetings of the Southwestern Anthropological Association. The papers in this volume focus on smaller and relatively little known ethnic populations which are currently under-represented in the literature on minority aging. This collection begins to form the basis for cross cultural comparisons which take into account population size, location, and history. Topics include enthography of aging, applied research, best practice models and policy analysis. Using varied methods and approaches, this collection (1) reports on the implications of a culturally diverse older population; and (2) recommends flexible programs and resource allocation to serve the needs of ethnic minority elderly.

Reference Type: Journal Article
Author: Krause, N.; Wray, L.A.
Year: 1991
Title: Psychosocial Correlates of Health and Illness Among Minority Elders
Journal: Generations
Volume: 15
Issue: 4
Pages: 25-30
Keywords: demography; health status; other (policy)
Abstract: Demographic, socioeconomic, health status, health care utilization, and psychosocial data demonstrating the rapid growth and diversity of elderly minority and ethnic groups have long-term implications for health care policies in the U.S. Many older people, particularly those whose are members of ethnic minorities or women living alone, find it stressful to meet their out-of-pocket health care expenses. Current public policies designed for a homegrown population composed of white, English speaking older people with similar needs are obsolete. In the future,

those who are concerned with policies concerning older people must try to eliminate the additional obstacles that handicap many ethnic and minority elderly who want access to adequate and appropriate health care. Researchers will have to assess the effects of race or ethnicity on social supports, health behavior, and health status. Providers, minority aging organizations, and minority elderly will have to assume more active responsibility to communicate their concerns to policy makers.

Reference Type: Journal Article
Author: Krause, N; Jay, G; & Liang, J
Year: 1991
Title: Financial Strain and Psychological Well-Being Among the American and Japanese Elderly
Journal: Psychology and Aging
Volume: 6
Pages: 170-181
Alternate Journal: Psychology and Aging, 6
Keywords: Japanese; mental health; cultural competency; international
Abstract: Research in the United States indicates that stressful life events may create psychological distress among older adults by eroding their sense of personal control and by diminishing their feelings of self-worth. The purpose of this study was twofold: (a) to replicate these findings with data provided by a recent nationwide survey of elderly people in the United States (N=1,523) and (b) to compare these findings with results obtained from a nationwide survey of older adults in Japan (N=1,517). The findings from both surveys are quite similar. The data indicate that financial strain tends to erode feelings of control and self-worth in both cultures, and the weakening of these personal resources in turn tends to increase depressive symptoms.

Reference Type: Journal Article
Author: Krause, N; Liang, J
Year: 1992
Title: Cross-Cultural Variations in Depressive Symptoms in Later Life
Journal: International Psychogeriatrics,
Volume: 4
Issue: su2
Pages: 185-202
Alternate Journal: International Psychogeriatrics, 4 (su2)
Keywords: mental health; cultural competency; International
Abstract: The purpose of this study is twofold: to estimate the prevalence of depressive symptoms among older adults in four culturally diverse groups (white Americans, black Americans, Japanese, Taiwanese), and to assess whether there are cross-cultural variations in the way depressive symptoms are manifest. Data from three recent nationwide surveys in the United States, Japan, and Taiwan reveal that the lowest overall levels of depressive symptoms are found among Japanese elderly followed by Taiwanese, white Americans, and black Americans respectively. Based on previous cross-cultural research, it was hypothesized that the Japanese tend to express depressive symptoms as interpersonal complaints, whereas Taiwanese are more likely to manifest somatic symptoms. In contrast, Americans were expected to express depressive symptoms in the form of depressed cognitions. The findings failed to support these hypotheses. Instead, older Americans tended to have higher scores than Orientals on all three depressive symptom clusters.

Reference Type: Journal Article
Author: Kung, AW; Luk, KD; Chu, LW; Chiu, PK
Year: 1998
Title: Age-Related Osteoporosis in Chinese: An Evaluation of the Response of Intestinal Calcium

Absorption and Calcitropic Hormones to Dietary Calcium Deprivation
Journal: American Journal of Clinical Nutrition
Volume: 68
Issue: 6
Pages: 1291-7
Keywords: Chinese; health status
Abstract: Age-related osteoporosis may be associated with inefficient intestinal calcium absorption and bone remodeling. We investigated the pathogenesis of age-related osteoporosis in Chinese women with habitual low calcium intakes. We studied the response of intestinal calcium absorption, calcitropic hormones, and biochemical bone markers to graded dietary calcium deprivation. Elderly osteoporotic women had reduced 1,25-dihydroxyvitamin D production, excessive urinary calcium loss, and high bone turnover. The Chinese women had exceptionally potent intestinal calcium absorption.

Reference Type: Journal Article
Author: Kuo, WH
Year: 1984
Title: Prevalence of Depression Among Asian Americans
Journal: The Journal of Nervous and Mental Disease
Volume: 172
Pages: 449-457
Alternate Journal: The Journal of Nervous and Mental Disease, 172
Keywords: API; mental health; disease
Abstract: The dearth of population-based studies and epidemiological investigations on the mental health problems of Asian Americans, especially since the change in the immigration laws in 1965, has led to contradictory speculations about the prevalence rates of mental illness and the general mental health status among Asian Americans, as opposed to other segments of the population. We administered the Center for Epidemiologic Studies Depression (CES-D) scale to 499 samples drawn from a Northwestern coastal city in order to make an initial assessment of the amount of depression experienced by Asian Americans. The investigation compared the Asian Americans' CES-D scores with those of whites and other minority groups, examined the scales' patterns of factor loading by ethnicity, and discovered that, even with statistical controls, there exists a distinction among the individual groups of Chinese, Filipinos, Japanese, and Koreans with respect to their score averages of depressive symptoms.

Reference Type: Journal Article
Author: Kuo, WH
Year: 1986
Title: Social Networking, Hardiness and Immigrant's Mental Health
Journal: Journal of Health and Social Behavior
Volume: 27
Pages: 133-149
Alternate Journal: Journal of Health and Social Behavior, 27
Keywords: immigration/refugee; mental health; cultural competency; demography
Abstract: Previous investigations of immigrant mental hospitalization rates have accumulated inconclusive evidence in regard to native-foreign differentials. We attempt to examine factors that protect voluntary immigrants from psychological impairment Unlike existing studies, which tend to regard immigrants as merely reactive to stressful life changes accompanying immigration, we assume immigration can be used as a vehicle for personal advancement. We hypothesize that the immigrant's activism in cultivating social networks in the receiving society, and hardiness in the personality repertoire, are the chief means of ameliorating strain. Also examined are issues related to (1) the nature of social networks, (2) ties to the immigrant community and to the

host society, and (3) how these ties influence adaptation.

Reference Type: Journal Article
Author: Kurzeja, P.; Koh, S.; Koh, TH.; Liu, WT.
Year: 1986
Title: Ethnic Attitudes of Asian American Elderly
Journal: Research on Aging
Volume: 8
Issue: 1
Pages: 110-127
Keywords: Japanese; Korean; American; cultural competency
Abstract: The ethnic attitudes of 74 Korean elderly immigrants, 41 second-generation Japanese elderly, and 42 U.S. born White elderly toward their own ethnic group and the others were assessed by the Thurstone Attitude Scale. The Koreans' attitudes toward Koreans and White Americans were favorable. However, the Japanese favored Japanese conspicously more than White Americans, and the Caucasians favored White Americans. Analysis of data showed few direct relationships between the ethnic attitudes and the elderly's social and economic resources and health. Finally, there is a discussion of problems related to identity in Asian Americans.

Reference Type: Journal Article
Author: Kushida, AH; Montenegro, MA
Year: 1976
Title: A Training Program for Asian and Pacific Islander Americans
Journal: Social Casework
Volume: 57
Issue: 3
Pages: 185-194.
Alternate Journal: Social Casework, 57 (3)
Keywords: API; cultural competency; community services
Abstract: The federal government declared its support of the objective of increased minority social work manpower and, through the National Institute of Mental Health (NIMH), funded several models for the training of minority practitioners. Of these, one project was designed to address the training needs of Asian American students. This was the Asian American Community Mental Health Training Center (AACMHTC), which was initially funded in July 1972. The Training Center, located in Los Angeles, California, and sponsored by the Asian American Social Workers and Special Service for Groups, Inc., was designed to develop a basis for social welfare training which would deal with the unique needs of the Asian American multiethnic community. This report describes the training program and social work practice issues.

Reference Type: Newspaper Article
Reporter: Labovitz, P
Year: 1996
Title: Immigration--Just the Facts
Newspaper: The New York Times
City: New York
Pages: A15
Date: 3/25/96
Keywords: immigration/refugee; other (policy)
Abstract: Congress is considering immigration reform. Patrick Buchanan used the issue to rev up his Presidential campaign. And a few polemicists have even called for a moratorium on all immigration. The subject may be hotly debated, but ultimately the facts and figures speak for

themselves.

Reference Type: Journal Article
Author: Lam, L.C.W.; Chiu, H.F.K.; Ng, K.O.; Chan, C.; Chan, W.F.; Li, S.W.; Wong, M.
Year: 1998
Title: Clock-Face Drawing, Reading and Setting Tests in the Screening of Dementia in Chinese Elderly Adults
Journal: Journal of Gerontology: Psychological Sciences
Volume: 53B
Issue: 6
Pages: 353-357
Keywords: Chinese; mental health; international
Abstract: In this report, we aim to examine the usefulness of the clock-face test as a screening test for dementia in Hong Kong. A new scoring method specifically designed for use in the elderly population with a relatively low educational level was developed. To supplement the drawing test, we have also incorporated the clock-reading and setting tasks into the assessment. The validity and potential applications of the clock-drawing, setting and reading tests are reported and discussed.

Reference Type: Report
Author: Laotian Advisory Committee
Year: 1991
Title: Lao Elders in the Bay Area: A Report on Social Service Needs and Ways to Meet Them
Institution: North of Market Senior Services, San Francisco, CA
Keywords: Laotian; community services.
Abstract: Report on survey (n=130 interviews) in San Francisco, San Jose, Richmond-San Pablo, Oakland: half were 65 and older.

Reference Type: Journal Article
Author: Lauderdale, DS; Jacobsen, SJ; Furner, SE; Levy, PS; Brody, JA; Goldberg, J
Year: 1997
Title: Hip Fracture Incidence Among Elderly Asian-American Populations
Journal: American Journal of Epidemiology
Volume: 146
Issue: 6
Pages: 502-9
Keywords: Chinese; Japanese; Korean; health status
Abstract: This study estimated national age- and sex-specific nontraumatic hip fracture incidence rates for elderly Chinese Americans, Japanese Americans, and Korean Americans. Based on a 50 percent sample of 1992 Medicare enrollees with the race/ethnicity code "Asian" and "other," cohorts of persons with distinctive Chinese (n = 24,366), Japanese (n = 28,762), and Korean (n = 5,470) names were followed passively for 2 years for a hospitalization with a diagnostic code indicating hip fracture. Cohorts of whites and blacks were followed for comparison. Year of immigration was deduced from the year of issuance of the Social Security number. Age-adjusted hip fracture incidence was lower for all three Asian-American groups than for whites. For females, the standardized fracture ratio relative to whites was 30.1 for Chinese, 73.2 for Japanese, and 52.8 for Koreans; for males, the standardized fracture ratio was 41.9 for Chinese, 58.1 for Japanese, and 90.7 for Koreans. Persons whose Social Security numbers were issued after the immigration Act of 1965 had an adjusted relative risk of 1.37 (95% confidence interval 1.05-1.78) compared with those in the US before that year, after adjustment for age, sex, and ethnic group.

Reference Type: Journal Article
Author: Lavizzo-Mourey, R.; Mackenzie, E.R.
Year: 1996
Title: Cultural Competence: Essential Measurements of Quality for Managed Care Organizations
Journal: Annals of Internal Medicine
Volume: 124
Issue: 10
Pages: 919-921
Keywords: cultural competency
Abstract: We conceptualize 'cultural competency' as the demonstrated awareness and integration of three population-specific issues: health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. The most significant aspect of the concept is the inclusion and integration of three areas that are usually considered separately when they are considered at all.

Reference Type: Book
Author: Lawrence, CR; Matsuda, MJ
Year: 1997
Title: We Won't Go Back
Publisher: Houghton Mifflin Co.
City: Boston, MA
Number of Pages: 314
Keywords: cultural competency
Abstract: "... we see affirmative action as a gain for all, an affirmation of democratic values. To our minds, ending racial and gender subordination in our country will liberate all of us and allow us to know the fullness of a community in which all talents are nurtured, all gifts brought to the table for the greater good." (p1)

Reference Type: Journal Article
Author: Lawson, J.S.; Lin, V.
Year: 1994
Title: Health Status Differentials in the People's Republic of China
Journal: American Journal of Public Health
Volume: 84
Issue: 5
Pages: 737-741
Keywords: international; health status; disease; Chinese
Abstract: The main source of data was statistics of Chinese Ministry for Public Health for 1978-1990 on causes of death, but these were not entirely representative due to data collection and measurement differences in China. Death rates differ markedly between urban & rural areas. Deaths due to infectious disease, respiratory disease, pregnancy and childbirth, and injuries and poisoning are much higher in rural areas; those due to pertussis, dysentery, typhoid, hepatitis, rabies, and anthrax are much more common in the apparently poorer provinces. Schistosomiasis remains a major problem in some provinces. Goiter and cretinism are still major disease in many parts of China, especially those areas with iodine deficiency.

Reference Type: Journal Article
Author: Le, K.Q.
Year: 1997
Title: Mistreatment of Vietnamese Elderly by Their Families in the United States
Journal: Journal of Elder Abuse & Neglect

Volume: 9
Issue: 2
Pages: 51-62
Keywords: Vietnamese; family/caregiving/intergenerational; cultural competency; other (elder abuse)
Abstract: Generally, research on elder abuse has focused on elders in mainstream America so that little is known about the nature and scope of elder abuse occurring in the Vietnamese community. This study presents the results of a research project on the relationship of Vietnamese elders residing in Santa Clara County, California and their families. It also explores cultural factors that may be associated with elder mistreatment such as issues of dependency and personal indebtedness. The implications for intervention and prevention are discussed, along with proposed changes in human service programs that could enhance the well-being of Vietnamese elders.

Reference Type: Journal Article
Author: Lee, R.N.F.
Year: 1986
Title: The Chinese Perception of Mental Illness in the Canadian Mosaic
Journal: Canada's Mental Health
Issue: December
Pages: 2-4
Keywords: international; Chinese; mental health
Abstract: The author examines Chinese philosophical and religious teachings, their effects on Chinese perception of mental illness, and the help-seeking behaviors of mentally ill patients and their families within the Chinese community in Canada.

Reference Type: Journal Article
Author: Lee, J. L.
Year: 1987
Title: Asian American Elderly: A Neglected Minority Group
Journal: Journal of Gerontology and Social Work
Volume: 9
Issue: 4
Pages: 103-116
Keywords: API; cultural competency; community services
Abstract: Many existing public assumptions held by social workers about Asian American elderly are misleading. These socially and economically disadvantaged people are systematically excluded from having access to the professional social service, both culturally and structurally. This article studies their negative historical experiences, structural difficulties and cultural barriers in acquiring the necessary social services.

Reference Type: Journal Article
Author: Lee, J; Kiyak, HA
Year: 1992
Title: Oral Disease Beliefs, Behaviors, and Health Status of Korean Americans
Journal: Journal of Public Health Dentistry
Volume: 52
Issue: 3
Pages: 131-136.
Alternate Journal: Journal of Public Health Dentistry, 52 (3)
Keywords: Korean; disease; health status; cultural competency

Abstract: Previous research with other ethnic minorities has shown that culture and age cohort, as well as language and economic limitations, act as barriers to obtaining dental care and maintaining good oral health. This study compared self-reported oral health attitudes, self-efficacy, and dental practices of 20 younger and 23 elderly Korean Americans. Oral assessments were also conducted to determine plaque and gingival status, and root and coronal caries.

Reference Type: Journal Article
Author: Lee, Y.; Kasper, J.D.
Year: 1998
Title: Assessment of Medical Care by Elderly People: General Satisfaction and Physician Quality
Journal: Health Services Research
Volume: 32
Issue: 6
Keywords: other (quality); medical services/doctors/hospitals
Abstract: This study identifies personal characteristics and factors related to health and patterns of healthcare use associated with elder persons' satisfaction with medical care. Items reflecting general satisfaction with care and views of doctor quality based on factor analysis, grouped in dimensions of two (global quality, access) and three (technical skills, interpersonal manner, information-giving) respectively. The relationship of high levels of satisfaction in each dimension to personal characteristics of elderly people, and to measures of access and use, is assessed using logit. The findings suggest the need for a better understanding of how elderly people evaluate care and what they value in interactions with the healthcare system.

Reference Type: Journal Article
Author: Lee, YR; Sung, KT
Year: 1998
Title: Cultural Influences on Caregiving Burden: Cases of Koreans and Americans.
Journal: International Journal of Aging and Human Development
Volume: 46
Issue: 2
Pages: 125-41
Keywords: Koreans; caregiving/intergenerational; cultural competency
Abstract: This study compared cultural influences on caregiver burdens of Korean adult children and American adult children caring for parents with dementia, and identified culturally specific values, norms, and customs associated with low or high risk burden. The findings suggested that the low burden of the Korean caregivers was associated with extended family support and high filial responsibility while that of the American caregivers was related to the use of formal services and high gratification from caregiving. Obversely, the high burden of the Koreans was seen to be associated with limited formal services outside the family and low gratification from caregiving for in-laws while that of the Americans was suggested to be due to limited extended family support and low filial responsibility. Needs for culturally-appropriate interventions are discussed.

Reference Type: Journal Article
Author: Leong, F.T.L.
Year: 1994
Title: Asian Americans' Differential Patterns of Utilization of Inpatient and Outpatient Public Mental Health Services in Hawaii
Journal: Journal of Community Psychology
Volume: 22
Issue: April

Pages: 82-96
Keywords: Chinese; Filipino; Japanese; mental health; medical services/doctors/hospitals
Abstract: The major purpose of the present study was to examine Asian Americans' differential patterns of utilization of mental health services in Hawaii. It was proposed that an analysis of Asian Americans' differential patterns of utilization of inpatient and outpatient mental health services may provide some clues to the reasons behind their overall pattern of underutilization. More specifically, whereas it has been established in many studies that Asian Americans tend to underutilize mental health services, the present research questions are directed at determining if Asian Americans tend to (a) underutilize inpatient mental health services, (b) overutilize or use at their representative level outpatient mental health services, and (c) exhibit different patterns in the sources of referral into the mental health system. The clinical and research implications of the findings are discussed.

Reference Type: Journal Article
Author: Levine, GN; & Montero, D
Year: 1973
Title: Socioeconomic Mobility Among Three Generations of Japanese Americans
Journal: Journal of Social Issues
Volume: 29
Issue: 2
Pages: 33-48.
Alternate Journal: Journal of Social Issues, 29(2)
Keywords: Japanese; family/caregiving/intergenerational; cultural competency; demography
Abstract: Data from a three generational survey of Japanese Americans indicate that the occupational and educational attainments of the first generation (Issei) are reflected in the achievements of the second and third generations. Findings suggest that two different currents flow in the Japanese American community, one relatively traditional, the other more assimilationist. It is expected that only assimilationists will survive -- but in a modified fashion. The majority of the Sansei queried indicate an interest in Japanese ways while still embracing the primary goals of American society and its emphasis on socioeconomic success in particular. Although the ban on outmarriage is breaking down, a majority of Sansei have married or intend to marry within the fold. While the Japanese Americans have successfully accommodated to the American situation -- especially by correctly gauging the great importance of education, there is little evidence that the subculture will soon wither away.

Reference Type: Thesis
Author: Levy-Storms, L
Year: 1998
Title: Promoting Prevention: Health Communication Networks and the Adoption of Mammography Screening Among Older Samoan Women
Academic Dept.: School of Public Health
University: UCLA
City: Los Angeles
Pages: 29
Thesis Type: unpublished
Keywords: Samoan; health promotion/disease prevention
Abstract: Older Samoan women, like other race and ethnic minority women, face educational and financial barriers which place them at risk for the underutilization of mammography screening. This paper investigates the role of communication networks and the adoption of mammography screening from a diffusion-theoretical perspective. Using a combination of statistical and social network analyses, this paper presents data on not only individuals but also their communication networks and compares characteristics between women at different stages

in the adoption process (Rogers, 1995). The sample included 271 Samoan women from randomly sampled Samoan churches in Los Angeles County. Eligible women were Samoan and age 50 years and older during late 1996 and 1997. Hierarchial logistic regression analyses revealed that communication network characteristics had more influence in the later vs earlier states of the adoption process after controlling for a variety of individual attributes. With concepts from diffusion theory, this study demonstrates "contagion" and potentially opinon leadership as mechanisms of how social networks influence health, indirectly through preventive health behaviors such as mammography screening, among a minority group of older, migrant Samoan women. These findings also have promise for use in developing health promotion strategies which not only inform "hard-to-reach" older women but also motivate them to engage in health behaviors.

Reference Type: Journal Article
Author: Lew, L.S.
Year: 1991
Title: Elderly Cambodians in Long Beach: Creating Cultural Access to Health Care
Journal: Journal of Cross Cultural Gerontology
Volume: 6
Issue: 2
Pages: 199-203
Keywords: Cambodians; community services; cultural competency; immigration/refugees
Abstract: The largest concentration of Cambodian refugees in the United States is in Long Beach, California. Many elderly Cambodians arrive in the United States with mental and physical health problems. A myriad of social, economic, and cultural factors prevent them from obtaining available health services. The Older Southeast Asian Health Project developed cultural bridges to accessing health care for older Cambodians, bridges that are described here.

Reference Type: Journal Article
Author: Lewis, M
Year: 1982
Title: Aging in the People's Republic of China
Journal: International Journal of Aging and Human Development
Volume: 15
Issue: 2
Pages: 79-105.
Alternate Journal: International Journal of Aging and Human Development, 15 (2)
Keywords: international; Chinese; cultural competency; demography; medical services/hospitals/doctors
Abstract: The Chinese approach to old age is a blend of 4,000 years of recorded culture; a predominantly agricultural past and present, and a thirty year old socialist government. Valuable insights are gained regarding aging in China through the description of Chinese elderly life in context with China's past and present. Pertinent questions are asked concerning the role of the elderly in China's future. Although lacking the references and methodology usually accompanying articles published in this journal, this paper is based on discussions with a number of Chinese living in the United States and Hong Kong, American experts in China, brief discussions with members of the Chinese Liaison Office (now the Chinese Embassy), an interview with Dr. Ma Hai-teh (George Hatem), a personal visit to China in the summer of 1978, and a review of literature on China. It offers an opportunity to become acquainted with the conditions of the elderly in another social and political system.

Reference Type: Journal Article
Author: Liang, J; Bennett, J; Whitelaw, N; Maeda, D

Year: 1991
Title: The Structure of Self-Reported Physical Health Among the Aged in the United States and Japan
Journal: Medical Care
Volume: 29
Pages: 1161-1180.
Alternate Journal: Medical Care, 29
Keywords: international; health status; Japanese
Abstract: This article attempts to extend the generalizability of a three-dimensional model of self-reported physical health among the aged to a nonwestern culture. Consisting of three interrelated dimensions, chronic illness, functional status, and self-rated health, this model was empirically evaluated by using national data on the aged gathered in the United States and Japan. The three-dimensional specification was found to apply equally well to U.S. and Japanese elderly. In addition to examining the internal structure of this three-dimensional model, the study assessed the model's relationships with a set of selected exogenous variables including age, sex, marital status, and education. The relationships between the selected exogenous variables and physical health dimensions are largely similar in both countries. However, clear differences appeared in at least three instances.

Reference Type: Magazine Article
Author: Liberman, T.
Year: 1998
Title: Hunger in America
Magazine: The Nation
Pages: 11-16
Date: 3/30
Keywords: community services
Abstract: 5 million elderly Americans have no food, or worry about getting enough to eat. There's not enough in OAA MOW and congregate meals programs to feed older persons -- focuses on waiting lists, federal allocation cuts over the years.

Reference Type: Journal Article
Author: Lillie-Blanton, M.; P.E., Parsons.; Gayle, H.; Dievler, A.
Year: 1996
Title: Racial Differences in Health: Not Just Black and White, But Shades of Gray
Journal: Public Health
Volume: 17
Issue: Annu Rev
Pages: 411-48
Keywords: demography; health status; community services; other (research)
Abstract: Explanations for racial/ethnic disparities in health are varied and complex. This paper reviews the literature to assess the extent to which current disparities are a consequence of racial differences in the social class composition of the US population. We focus this review on African Americans and examine studies that provide information on the effects of race on four outcome measures: infant mortality, hypertension, substance use, and mortality from all causes. Twenty-three studies were identified that met criteria for inclusion in this review. As expected, most studies provide evidence that socioeconomic conditions are a major factor explaining racial differences in health. Findings, however, vary for different health indices. Research in the area of substance abuse provides the most consistent evidence that socioeconomic conditions account for observed racial differences. In contrast, studies on infant mortality and hypertension provide a compelling case that the effects of socioeconomic status are important, but not sufficient to explain racial differences. Evidence on mortality from all causes is equally divided

between studies showing no significant race effect and those in which racial differences persist after adjusting for social class. The paper offers possible explanations for the seemingly divergent results and identifies conceptual and methodologic issues for future research seeking to disentangle the complex relations between race, social class, and health.

Reference Type: Journal Article
Author: Lin, TM; al, et
Year: 1971
Title: Morbidity and Mortality of Cancer of the Nasopharynx in Taiwan
Journal: Gann Monograph
Volume: 10
Pages: 137-144.
Alternate Journal: Gann Monograph, 10,
Keywords: international; disease; Chinese
Abstract: A survey of nasopharyngeal cancer was conducted in Taiwan during 1966-1988. Some aspects of epidemiological importance were presented and discussed. High morbidity and mortality of this cancer in the Chinese population are substantiated.

Reference Type: Journal Article
Author: Lin, KM;
Year: 1983
Title: Hwa-Byung., A Korean Culture-Bound Syndrome?
Journal: American Journal of Psychiatry
Volume: 140
Issue: 1
Pages: 105-107.
Alternate Journal: American Journal of Psychiatry, 140 (1)
Keywords: Korean; disease; cultural competency; mental health
Abstract: The author reports three cases of Hwa-Byung, a Korean folk illness ordinarily understood by patients and families to be a physical affliction despite the fact that its manifestations include both physiological and psychological symptoms. In addition, the patient often recognizes interpersonal conflicts and anger as precipitating factors. In the three cases reported, the patients also identified an epigastric mass that was not present on physical examination. Symptoms were accompanied by a fear of impending death that was not easily dispelled by medical reassurance. The author discusses the role of depression in the symptom formation of Hwa-Byung as well as the treatment implications.

Reference Type: Journal Article
Author: Lin-Fu, JS
Year: 1988
Title: Population Characteristics and Health Care Needs of Asian Pacific Americans
Journal: Public Health Report
Volume: 103
Issue: 1
Pages: 18-26.
Keywords: API; demography; medical services; health status; cultural competency; immigration
Abstract: Asian Pacific Americans are one of the smallest but fastest growing minority groups in the United States. Between 1970 and 1980, this population increased 142 percent, from 1.5 million to 3.7 million. This dramatic growth is due largely to a change in U.S. immigration policies in the mid-1960s and the continuos influx of refugees from Southeast Asia since 1975. Despite such sharp increase, Asian Pacific Americans remain one of the most poorly understood

minorities, and their health care needs have received relatively little attention. Health policy makers, planners, and service providers need to have a better understanding of the population characteristics of Asian Pacific Americans in order to address their needs properly.

Reference Type: Journal Article
Author: Lin-Fu, J.S.
Year: 1994
Title: Ethnocultural Barriers to Health Care: A Major Problem for Asian and Pacific Islander Americans
Journal: Asian American and Pacific Islander Journal of Health
Volume: 2
Issue: 4
Pages: 290-298
Keywords: API; demography; cultural competency
Abstract: For a better understanding of the issue of ethnocultural barriers to health care for Asian and Pacific Islander Americans (APIAs), some salient demographic characteristics of this minority will be reviewed briefly. Readers are referred to other review papers for more details on the population characteristics of this minority.

Reference Type: Journal Article
Author: Lincoln, R
Year: 1956
Title: Recorded and Expected Mortality Among the Chinese of Hawaii and the United States with Special Reference to Cancer
Journal: Journal of the National Cancer Institute
Volume: 17
Issue: 5
Pages: 667-202
Keywords: Chinese; disease
Abstract: A number of investigators have published analyses of clinical and autopsy material which support the idea that Chinese are subject to risks of cancer of several sites that differ from those observed in the white race. Some of these papers have demonstrated relative excesses for cancer of the liver (1-3) and pharynx (4-7) and a relative deficit of cancer of the prostate (8-10). Thus, this study is intended to expand previous observations by comparing mortality recorded among Chinese residing in the United States and Hawaii with deaths expected among them if they were subject to the same age- and sex-specific data rates experienced by the white and nonwhite populations of the United States. It is less likely that the differences in mortality thus demonstrated are due to different medical death-certification practices than when similar comparisons are made between Chinese dying in Asian and Americans dying in the United States.

Reference Type: Journal Article
Author: Lipman, A
Year: 1975
Title: Conference on the Potential for Japanese-American Cross-National Research on Aging
Journal: The Gerontologist
Volume: 15
Pages: 248-253.
Alternate Journal: The Gerontologist, 15
Keywords: international; Japanese; cultural competency; medical services; family/caregiving/intergenerational; other (research)

Abstract: Martin Sicker, Director of the Office of Research , Demonstration, and Manpower Resources of the Administration on Aging, stressed the importance of producing gerontological research which has immediate relevance translatable into action for older people now. As an example, he suggested that one way in which cross-cultural research data could be used effectively might be in delineating those cultural factors which inhibit minority groups from fully utilizing services and facilities offered them in the USA. These culturally-based responses would then by compared to the American experience, so that programs could be adjusted accordingly. The emphasis was on the "right now," however, since many of these cultural differences may disappear in the future.

Reference Type: Journal Article
Author: Lipsitz, LA.; Nakajima, I.; M., Gagnon; Hirayama, T.; Connelly, CM.; Izumo, H.; Hirayama, T.
Year: 1994
Title: Muscle Strength and Fall Rates Among Residents of Japanese and American Nursing Homes: An International Cross-Cultural Study.
Journal: Journal of the American Geriatrics Society
Volume: 42
Issue: 9
Pages: 953-959.
Alternate Journal: Journal of the American Geriatrics Society , 42 (9).
Keywords: international; Japanese; nursing homes; health status; cultural competency
Abstract: In Western society, aging is often associated with adoption of a sedentary lifestyle and associated disuse muscle atrophy and weakness. Recent studies suggest a relationship between quadriceps muscle weakness and falls in elderly residents of nursing homes (NHs). We hypothesized that fall rates would be lower in Japanese NHs, where lifestyle differences such as squatting to toilet or sleeping on the floor may maintain quadriceps strength and result in fewer falls. Therefore, we examined the relationships between falls, muscle strength, lifestyle, and other clinical characteristics in residents of a Japanese and an American NH.

Reference Type: Journal Article
Author: Liu, W.T.
Year: 1986
Title: Health Services for Asian Elderly
Journal: Research on Aging
Volume: 8
Issue: 1
Pages: 156-175
Keywords: API; health status; cultural competency; demography
Abstract: Between 1970 and 1980, there has been an increase of more than 140% of Asians in America, mainly through the influx of new immigrants as a result of the 1965 legislative amendment to the old national quota immigration law. Along with the increase of new immigrants and their families, we experienced a sudden awareness of the problems of the immigrant elderly in addition to those who came during the first decade of the present century as farm labor from China and the Philippines, as well as the very old Issei (first generation) and the aging Nisei (second generation) from Japan. The data showed that not all elderly Asians are taken care of by their kin or the ethnic community facilities. Compared with the general American population, such elderly populations have problems associated with economic conditions, cultural mismatch, as well as the structural factors of ethnic communities that left many elderly living alone or with nonrelatives. The myths of the support group have not been rigorously investigated in such ethnic communities.

Reference Type: Journal Article
Author: Lock, M
Year: 1984
Title: Licorice in Leviathan: The Medicalization of Care for the Japanese Elderly
Journal: Culture, Medicine, and Psychiatry
Volume: 8
Pages: 121-139.
Alternate Journal: Culture, Medicine, and Psychiatry, 8
Keywords: international; medical services; alternative medicine; cultural competency; Japanese
Abstract: Attitudes towards, and treatment of the elderly in Japan are discussed and the medicalization of their health care is examined. It is suggested that the ready availability of medical care will not eliminate the major problems that the elderly experience. The process by which traditional medicine has been incorporated systematically into the socialized health care system and its use in connection with the problems of elderly patients is documented. Modifications in the application of herbal medicine made by biomedical practitioners have been linked to cases of iatrogenesis in the elderly. In conclusion, the social construction of both traditional East Asian medicine and biomedicine in Japan is briefly examined; in both systems the somatic aspects of the problems of the elderly are emphasized while the social dimensions remain largely unquestioned.

Reference Type: Journal Article
Author: Lorenzo, MK; Adler, D
Year: 1984
Title: Mental Health Services for Chinese in a Community Health Center
Journal: Social Casework: The Journal of Contemporary Social Work
Volume: 65
Issue: 10
Pages: 600-614.
Alternate Journal: Social Casework: The Journal of Contemporary Social Work, 65 (10)
Keywords: Chinese; mental health; community services
Abstract: Serious mental health problems exist within the Chinese population of the United States. This article describes one center's attempt to meet the psychiatric needs of both nonpsychotic and psychotic Chinese patients through bilingual, culturally relevant treatments.

Reference Type: Conference Proceedings
Author: Louie, Theresa Tsung-zu
Year: 1974
Title: Illness Concept and Management Among Chinese-Americans in San Francisco
Conference Name: American Nurses' Association Annual Meeting
Conference Location: San Francisco
Pages: 12
Keywords: Chinese; cultural competency
Abstract: The field of study on Chinese Americans in San Francisco Chinatown that I am presenting today aims at the first step of such cultural insights by documenting the obvious (2). Two main areas of concern I have raised are (3): the clients' phenomenological concept of illness, including any cultural concepts; and their rationale for action taken to restore health and everyday activities, including multiple consultation. The purpose is to identify the clients' health and illness constructs and the social processes of their illness behavior.

Reference Type: Newspaper Article
Reporter: Lu, Chi

Year: 1992
Title: Minnesota's Vietnamese Elders: Strangers in a Cold Land
Newspaper: Aging Today
City: San Francisco, CA
Pages: 15
Date: July/August
Keywords: SE Asians, P/A
Abstract: There are 9,500 Vietnamese in Minnesota of which 10% are elders. The Vietnamese Elderly Program sponsored by the Vietnamese Buddhist Association of Minnesota is discussed. Services offered include: English instruction, trips, citizenship classes, referral to housing and welfare services, meals, social events, and transportation.

Reference Type: Report
Author: Luangpraseut, D.
Year: 1994
Title: Health Care Reform: Implications for Older Southeast Asians
Institution: The UCLA School of Public Health and Asian Pacific Health Care Venture
Date: Summer 1994
Keywords: SE Asian; demography; cultural competency; other (policy)
Abstract: As part of the API Older Adults Internship Project, I was assigned to the Southeast Asian Health Project (SEAHP) in Long Beach, California, to assess the needs of elderly SEA. This report will present a sociodemographic, upon the elderly SEA served by SEAHP, i.e. Cambodians, Laotians, and Hmong. The category "Laotians" includes Lao and other ethnic groups such as the Mien but excludes the Hmong. Results from focus groups conducted on SEA elderly residing in Long Beach by SEAHP and the Long Beach Community Health Council will be summarized. Data collected from surveys administered by last year's API Older Adults Internship Project intern will be summarized as well. Information from the case studies I conducted this summer will be analyzed to identify gaps in services and needs as verbalized by the elderly themselves. Finally, implications of health care reform, or the lack thereof, for older SEA adults will be presented.

Reference Type: Journal Article
Author: Lum, D; Cheung, LY
Year: 1980
Title: The Psychosocial Needs of the Chinese Elderly
Journal: Social Casework: The Journal of Contemporary Social Work
Volume: 61
Issue: 2
Pages: 100-106.
Alternate Journal: Social Casework: The Journal of Contemporary Social Work, 61(2)
Keywords: Chinese; mental health; cultural competency; demography; family; community services
Abstract: Changing Chinese family patterns caused by immigration have contributed to the breakdown of traditional community and familial control in Chinese-American families. As a result, the Chinese-American elderly are faced with unique psychosocial problems that workers must consider when providing services to this population.

Reference Type: Journal Article
Author: Lum, OM
Year: 1995
Title: Health Status of Asians and Pacific Islanders

Journal: Ethnogeriatrics
Volume: 11
Pages: 53-67.
Alternate Journal: Ethnogeriatrics, 11
Keywords: API; health status; demography; cultural competency; mental health
Abstract: In this issue on older Americans, it is exciting to examine a unique population whose cultural diversity mirrors the ethnic similarities and differences of peoples whose backgrounds are not Western. Just as a century ago when Irish, southern Europeans, and Eastern Europeans set sight on America as the land of political freedom and economic opportunities, Asian Pacific Islanders have been enthralled with similar ideals and motivations. This article explores the intriguing similarities and differences of these new immigrants. Their vitality and vision will contribute to a new America. Their health status and abilities to cope with health and illness may contribute to the American experience. This article is divided into a description of demographic characteristics, critical cultural characteristics, health beliefs and practices, health status, mental health status, and case presentations.

Reference Type: Journal Article
Author: Lurie, E.; Kalish, R.A.; Wexler, R.; Ansak, M-L
Year: 1976
Title: On Lok Senior Day Health Center: A Case Study
Journal: The Gerontologist
Volume: 16
Issue: 1 (part 1)
Pages: 39-46
Keywords: community services; Chinese; Filipino; cultural competency
Abstract: The On Lok Senior Day Health Center has been established as one link in a planned chain of services and programs needed to maintain the frail elderly in the community at a maximum level of functioning. It serves three principal ethnic groups of residents in the Chinatown/North Beach area of San Francisco: Chinese, Filipino, and Italian-American as well as other elderly. The focus is on health care, physical and occupational therapy for rehabilitation and maintenance, social services, and nutrition, with therapies delivered by bilingual professional and para-professional staff 7 days a week. Evaluation has emphasized the impact of On Lok's services on participants; has compared On Lok participants to other residents of the area, either presently in nursing homes or remaining in the community without On Lok's services; and has established costs for On Lok services.

Reference Type: Journal Article
Author: Lusky, R.A.
Year: 1986
Title: Anticipating the Needs of US Aged in the 21st Century: Dilemas in Epidemiology, Gerontology, and Public Policy
Journal: Social Science Medicine
Volume: 23
Issue: 12
Pages: 1217-1227
Keywords: health status; disease; other (policy)
Abstract: Reductions in the prevalence of chronic disease, functional dependence, and associated social problems among aged Americans have been predicted on the basis of improving environmental and social conditions, more effective public health measures and advances in medical care. Public policy makers have found such predictions attractive since improved health status in old age could significantly offset the increase in health care resources which would otherwise be required to meet the needs of the country's growing number of elderly.

This paper reviews the epidemiologic model underlying such predictions. Key assumptions of the model are evaluated by examining the health and social well-being of elderly residing in a socioeconomically advantaged community with an age structure similar to that projected for the United States in the 21st century.

Reference Type: Journal Article
Author: Ma, HK; Wong, LC
Year: 1992
Title: Gestational Trophoblastic Disease in Hong Kong
Journal: Seminars in Oncology,
Volume: 9
Issue: 2
Pages: 224-233
Keywords: international; disease
Abstract: There is little doubt that great advancement has been made in the treatment of gestational trophoblastic disease in the last 25 years. This has led to dramatic improvement of the patients' survival rate (Table 1). However, there are still many unsolved problems. The incidence of molar pregnancy is higher in Orientals than in whites, and the reason for this is still unknown. Since the majority of cases of gestational trophoblastic tumor occur in postmolar patients, it follows that there are more Orientals suffering from gestational trophoblastic disease than whites. To make early diagnosis of gestational trophoblastic disease in postmolar patients is still very costly. A reliable and sensitive gonadotropin assay requires sophisticated and expensive equipment as well as stringent quality control. This kind of laboratory facility is generally not present in developing countries. Justification and selection of molar patients for prophylactic chemotherapy are still controversial. The treatment for high-risk gestational choriocarcinoma patients is still inadequate in many developing countries. Hence, the mortality rate is still high. In this article, we report on the experience and work of 3 generations of doctors in the Department of Obstetrics and Gynecology of the University of Hong Kong, which forms the basis of our current management.

Reference Type: Journal Article
Author: MacDonald, WC; Anderson, FH; Hashimoto, S
Year: 1967
Title: Histological Effect of Certain Pickles on the Human Gastric Mucosa: A Preliminary Report
Journal: Cancer Medical Association Journal
Volume: 96
Pages: 1521-1525.
Alternate Journal: Cancer Medical Association Journal, 96
Keywords: disease, health status, Japanese
Abstract: The histological effects of several types of pickles and control substances were assessed by repeated suction biopsies of the gastric antrum in three healthy men. Peroral suction biopsy of the gastric antrum appears to be a practical method for testing the effect of various foods on the human gastric mucosa.

Reference Type: Journal Article
Author: Mackinnon, M.E.; Gien, L.; Durst, D.
Year: 1996
Title: Chinese Elders Speak Out
Journal: Clinical Nursing Research
Volume: 5
Issue: 3

Pages: 326-342
Keywords: Chinese; demography; immigration/refugee; cultural competency; family/caregiving/intergenerational; mental health
Abstract: The purpose of the study was to document the self-reported experiences of some Chinese elderly who were being cared for, and supported by, their families and to explore the potential physical and mental health outcomes associated with being dependent on adult children for psychological, financial, social, and, in some cases, physical care and support.

Reference Type: Book Section
Author: MacLean, M.J.; Bonar, R.
Year: 1987
Title: Cooperative Practice to Overcome Socially Constructed Hardship for Elderly People
Book Title: Ethnic Dimensions of Aging
Editor: Gefland, DE; Barresi, CM
Publisher: Springer Publishing Company
City: New York
Pages: 211-223
Keywords: international; cultural competency
Abstract: This chapter focuses on an analysis of the social construction of hardship for ethnic elderly people in an attempt to show why these elderly people are in a disadvantaged position despite the considerable efforts of many professionals and volunteers to improve their quality of life. The chapter particularly focuses on the situation of ethnic elderly in Montreal as a case illustration. It concludes by suggesting how policymakers, researchers, practitioners, and others working with ethnic elderly can use a cooperative approach to overcome some of the hardship under which the majority of ethnic elderly people live.

Reference Type: Journal Article
Author: Madanay, LD; Johnson, DB; Miyamoto, LA; Gilbert, FI Jr
Year: 1995
Title: Prostate-Specific Antigen Concentration: Influence of Age and Ethnicity
Journal: Hawaii Medical Journal
Volume: 54
Issue: 6
Pages: 606-8
Keywords: API; disease
Abstract: This pilot study evaluated the influence of age and ethnicity on serum prostate-specific antigen (PSA) concentration in Asian and white men without a clinical diagnosis of prostate cancer. Between October and December 1993, 1260 patients who underwent serum PSA determination (Hybritech Tandem-R assay, San Diego, California) at Straub Clinic & Hospital were retrospectively analyzed. Of these, 885 (70%) men aged 40 to 79 years were either Asian (Chinese, Filipino, Japanese, and Korean) or white and had a serum PSA less than 10.0 ng/ml. This preliminary study suggests serum PSA increases with age in Asian and white men without a clinical diagnosis of prostate cancer. No difference was found in PSA between men of Asian and white ethnicity.

Reference Type: Journal Article
Author: Maddox, G. L.
Year: 1991
Title: Aging with a Difference: Heterogeneity, Intervention, and the Future
Journal: Generations
Volume: 15

Issue: 1
Pages: 7-10
Keywords: cultural competency; other (theory on aging)
Abstract: Suggests that disengagement theory is inadequate in helping to understand aging well in Western culture, and that Bertalanffy's theory that aging is about successfully adapting to life's events in different ways is a more helpful theory to understand well-being in old age. Differences in aging well are affected more by lifestyle, behavior and environment than by genetics and biology (p9). Understanding why people age differently will lead to a better understanding of aging-well.

Reference Type: Journal Article
Author: Maeda, D
Year: 1975
Title: Growth of Old People's Clubs in Japan
Journal: The Gerontologist
Volume: 15
Pages: 254-256.
Alternate Journal: The Gerontologist, 15
Keywords: international; Japanese; community services
Abstract: The idea of modern old people's clubs was introduced to Japan from England in the beginning of the 1950's and caught the imagination of social welfare leaders. As a result, some of the local governments began to provide places where old people could get together. By 1960, there were about 5,000 such clubs throughout Japan. This article explains the history of this phenomenon in Japan.

Reference Type: Journal Article
Author: Maeda, D.
Year: 1983
Title: Family Care in Japan
Journal: The Gerontologist
Volume: 23
Issue: 6
Pages: 579-583
Keywords: cultural competency; family/caregiving/intergenerational; international; Japanese
Abstract: Industrialization of countries in East Asia, such as Japan has slowly changed patterns of caregiving for elders - related to proximity of multi-generation family members and adult (including female) labor force participation. While the norm in Japan continues in the firm belief that care for elders is the responsibility of their children, the development of public services since 1970s has recognized the younger family needs for help in making formal care available for frail elders.

Reference Type: Book Section
Author: Maeda, N.
Year: 1989
Title: Long-Term Care for the Elderly in Japan
Book Title: Caring for an Aging World
Editor: Schwab, T.
Publisher: McGraw-Hill Book Company
Pages: 246-264
Keywords: international; Japanese; demography; health status; other (policy)
Abstract: In the next century, the growth rate of the elderly population in Japan will be higher

than in any other country. Most Japanese know this, but few are aware of the vast problems that must be solved, especially with regard to social and health services for the frail elderly. This chapter will deal with long-term care by forecasting future health policies for the aged in Japan. The crucial economic issues associated with long-term care for the aged will also be analyzed.

Reference Type: Journal Article
Author: Malby, H
Year: 1998
Title: Health Promotion for Vietnamese Women and their Families
Journal: Nurs Stand
Volume: 12
Issue: 32
Pages: 40-3
Keywords: Vietnamese; health promotion; family/caregiving
Abstract: Women's health is an important factor in caring for older people and children at home. This article describes similarities and
differences in the way Vietnamese and Australian women manage their own health, and how these affect their family's health,
and suggests ways of developing health promotion programs which take account of these.

Reference Type: Journal Article
Author: Manfiletto, E.
Year: 1995
Title: Profit in Diversity
Journal: Managed Healthcare
Issue: July
Pages: 36, 44,46
Keywords: cultural competency; other (managed care, marketing)
Abstract: HMO diversity due to growing elder populations, increased popularity of state managed Medicaid and new interest in rural areas led to good business to expand into these 'markets'. In 1995, 27% of HMOs in the US have Medicaid products, a 68% increase over 1994, 38.6%. HMOs now have Medicare products (per Group Health Association of America). e.g.: Greater Atlantic Health Service, a group model HMO with an IPA network in Philadelphia developed several programs 'geared toward cultural diversity' and an 'effective black parenting program, healthy heart program, renovated an outpatient building site, developed alliance with a Latino health services company based in the city to improve primary care access, investment in marketing Medicaid and Medicare product lines similar to efforts invested in private pay/employer lines, hired ex-Medicaid recipients as aides, having the same ID card for all classes of enrollees (employer & Medicaid product consumers), membership satisfaction survey. As a result the Medicare product went from 0 to 11,000 members (1991-1994) and Medicaid product membership increased 76%. Plan revenues for 1991-1994 gross revenus = +60%; pre-tax profits increased 84%.

Reference Type: Book Section
Author: Markides, K.S.; Liang, J.; Jackson, J.S.
Year: 1990
Title: Race, Ethnicity, and Aging: Conceptual and Methodological Issues
Book Title: Handbook of Aging and the Social Sciences
Publisher: Academic Press
Pages: 112-129
Edition: Third Edition

Keywords: cultural competency; other (theory)
Abstract: A review of the field of ethnicity and aging with special attention to conceptual and theoretical development ... overview of special methodological issues ... the study of ethnic and racial groups represents a special type of cross-cultural research, parallels are drawn, both in the theoretical and methodological discussions. Particular attention is given to heterogeneity between groups as well as within groups, an often neglected issue.

Reference Type: Edited Book
Editor: Markides, K.S.; Miranda, M.R.
Year: 1997
Title: Minorities, Aging, and Health
Publisher: SAGE Publications, Inc.
City: Thousand Oaks, CA
Number of Pages: 500
Keywords: API; health status; mental health; community services; health promotion; other (policy)
Abstract: This volume is aimed primarily at researchers in the field of aging. We feel that a comprehensive volume covering the health and health care needs of ethnic minority elderly would be an invaluable resource to all gerontologists. Assembled is a distinguished group of experienced researchers and asked them to review state-of-the-art knowledge on major ethnic groups in six general areas: Mortality and life expectancy; chronic diseases and disabilities; diet and nutrition; mental health; health services and long-term care; and health policy.

Reference Type: Book Section
Author: Markson, EW
Year: 1979
Title: Ethnicity as a Factor in the Institutionalization of the Ethnic Elderly
Book Title: Ethnicity and Aging: Theory, Research, and Policy
Editor: Kutzik, DE Gelfand & AJ
Publisher: Springer Publishing Company.
City: New York
Pages: 341-356
Keywords: mental health; family/caregiving/intergenerational; immigration
Abstract: The foreign born elderly differ somewhat from the foreign born in the general population; they are more likely to reside in the northeastern United States and to have come from Eastern and Southern Europe than are their younger counterparts. Many foreign-born old people were pioneers of a sort who came to the United States in search of greater economic opportunity or political freedom. It is interesting to see how these new pioneers fared. A small segment of them ended up in old age being referred for mental hospitalization, often not because they were mentally ill but because there was simply no place else for them to go.

Reference Type: Journal Article
Author: Marmot, MG; Syme, SL; Kagan, A; al, et
Year: 1975
Title: Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Prevalence of Coronary and Hypertensive Heart Disease and Associated Risk Factors
Journal: American Journal of Epidemiology
Volume: 102
Pages: 514-525.
Alternate Journal: American Journal of Epidemiology, 102

Keywords: international; Japanese; immigration/refugee; disease
Abstract: A study of coronary heart disease (CHD) among Japanese migrants compared with Japanese living in Japan provided the opportunity to study factors possibly responsible for the high rates of CHD in America as compared with Japan. Comparable methods were employed in examining 11,900 men of Japanese ancestry aged 45-69 living in Japan, Hawaii and California.

Reference Type: Journal Article
Author: Marmot, MG; Syme, SL
Year: 1976
Title: Acculturation and Coronary Heart Disease in Japanese Americans
Journal: American Journal of Epidemiology
Volume: 104
Pages: 225-247.
Alternate Journal: American Journal of Epidemiology, 104
Keywords: Japanese, international., disease, health promotion; cultural competency
Abstract: Among men of Japanese ancestry, there is a gradient in the occurrence of coronary heart disease (CHD). It is lowest in Japan, intermediate in Hawaii, and highest in California. This gradient appears not to be completely explained by differences in dietary intake, serum cholesterol, blood pressure or smoking. This report tests the hypothesis that social and cultural differences may account for the CHD differences, between Japan and the United States.

Reference Type: Journal Article
Author: Martin, LG
Year: 1988
Title: The Aging of Asia
Journal: Journal of Gerontology: Social Sciences
Volume: 43
Issue: 4
Pages: S99-SI 13.
Alternate Journal: Journal of Gerontology: Social Sciences, 43(4)
Keywords: international; demography; family/caregiving/intergenerational
Abstract: This article reviews some of the demographic characteristics of population aging and the elderly populations in 14 Asian countries: health and life expectancy; sex ratio, marital status, and living arrangements; and rural versus urban residence, labor force participation, retirement, and income. It also focuses on current programs for the elderly populations in Asia and discusses three general issues of importance in the development of aging policies: (a) to what extent should the West be used as a model; (b) what should be the role of the family versus the government in caring for elderly people who cannot care for themselves; and (c) should eligibility for programs be based on age or need?

Reference Type: Journal Article
Author: Mason, L
Year: 1983
Title: Growing Old in Changing Micronesia
Journal: Pacific Studies
Volume: 6
Issue: 1
Pages: 1-25.
Alternate Journal: Pacific Studies, 6(l)
Keywords: Micronesia; international; demography; cultural competency; health status
Abstract: This article provides an analysis of the status and nature of aging among the variety of

social and cultural groups among the inhabitants of Micronesia. The geographical, historical, cultural, language, education and etc.

Reference Type: Journal Article
Author: Masuda, M; Matsumoto, GH; Meredith, GM
Year: 1970
Title: Ethnic Identity in Three Generations of Japanese Americans
Journal: Journal of Social Psychology
Volume: 81
Pages: 199-207.
Alternate Journal: Journal of Social Psychology, 81
Keywords: Japanese; mental health; demography; family/caregiving/intergenerational
Abstract: Inasmuch as the magnitude of Japanese ethnic identification is relevant to such behavior as achievement, social orientation, delinquency, child rearing, marital choice, etc., a measure of this parameter may be not only a measure of acculturation, but also be a predictor of various behaviors. The purpose of this study was to develop such an ethnic identification instrument, in order to quantify the attention of ethnic identity with the process of acculturation of the Japanese Americans, and the relevance of certain variables in the process.

Reference Type: Journal Article
Author: Masuda, M.; Lin, K.M.; Tazuma, L.
Year: 1980
Title: Adaptation Problems of Vietnamese Refugees
Journal: Archives of General Psychiatry
Volume: 37
Issue: April
Pages: 447-450
Keywords: Vietnamese; mental health; immigration/refugee; cultural competency
Abstract: The Vietnamese refugees have encountered a multitude of acute psychological, social, cultural, economic, and political upheavals. This study documents the Vietnamese perceptions of the life events that have swirled about them as well as the occurrences of these life events. Questionnaires were administered in 1975 and 1976 as part of an ongoing study. The expected high amount of life change in the year of the evacuation and resettlement (1975) continued into the following year (1976). Financial, life-style, work, spouse, and schooling problems continued to plague them and were increased in the second year. There was a positive correlation between life change and health status. The Vietnamese rank ordered the impact of life events in a fashion similar to the Americans, but there were differences in mean magnitude estimations. Substantial reductions in magnitude estimations at second administration of the Social Readjustment Rating Questionnaire indicated a change in the situational perception set with time.

Reference Type: Journal Article
Author: Matsumoto, GM; Meredith, G; Masuda, M
Year: 1970
Title: Ethnic Identification: Honolulu and Seattle Japanese Americans.
Journal: Journal of Cross-Cultural Psychology
Volume: 1
Issue: 1
Pages: 63-76.
Alternate Journal: Journal of Cross-Cultural Psychology, 1
Keywords: Japanese; demography; cultural competency; immigration/refugee
Abstract: This study compared the magnitude of ethnic identification among three generations of

Japanese-Americans in Honolulu, Hawaii. Ethnic identification was measured by a recently constructed Ethnic Identity Questionnaire. The first generation Japanese immigrant (Issei) scored higher than the second generation (Nisei) and the third (Sansei) generation. The EIQ scores between the Nisei and Sansei, although not significantly different, were in the hypothesized direction of attenuation with generations. The Honolulu sample was then compared to three generations of Seattle Japanese- Americans on the same questionnaire.

Reference Type: Journal Article
Author: Matsumoto, YS
Year: 1970
Title: Social Stress and Coronary Heart Disease in Japan: A Hypothesis
Journal: Millbank Memorial Fund Quarterly
Volume: 48
Pages: 9-36.
Alternate Journal: Millbank Memorial Fund Quarterly, 48
Keywords: international; Japanese;; disease; health status; cultural competency
Abstract: The difference between the occurrence of heart disease between Japanese men and American men is explored. In the search for possible factors involved in the etiology of coronary heart disease, the phenomenon of disease has been suggested as the possible product of the way of life of the people, where cultural and social components may well have an important bearing on health and illness.

Reference Type: Journal Article
Author: Mau, MK; Grandinetti, A; Arakaki, RF; Chang, HK; Kinney, EK; Curb, JD
Year: 1997
Title: The Insulin Resistance Syndrome in Native Hawaiians. Native Hawaiian Health Research (NHHR) Project.
Journal: Diabetes Care
Volume: 20
Issue: 9
Pages: 1376-80
Keywords: Hawaiian; disease
Abstract: To investigate whether fasting hyperinsulinemia is associated with a clustering of cardiovascular diseases (CVD) risk factors, manifesting as the insulin resistance syndrome (IRS), in a population of native Hawaiians. A total of 574 native Hawaiians > or = 30 years of age were examined for blood pressure, waist-to-hip ratio (WHR), BMI, oral glucose tolerance, and fasting lipid, insulin, and C-peptide concentrations. All statistical analyses (n=384) excluded 190 individuals who had NIDDM or who were taking hypertension medication. This study provides cross-sectional data confirming the existence of the IRS in native Hawaiians. However, further longitudinal studies are needed to examine the relationship of insulin resistance and/or surrogate markers to increased rates of NIDDM and CVD mortality in native Hawaiians.

Reference Type: Journal Article
Author: Maxwell, RJ; Silverman, P
Year: 1970
Title: Information and Esteem: Cultural Considerations in the Treatment of the Elderly
Journal: Aging and Human Development
Volume: 1
Pages: 361-392.
Alternate Journal: Aging and Human Development, 1
Keywords: cultural competency; health status; mental health; family/caregiving

Abstract: In this article it is hypothesized that societies can be arrayed along a continuum, the basis of which is the amount of useful information controlled by the aged. This informational control will be reflected in the participation of the aged in community affairs, and their participation will, in turn, determine the degree of esteem in which they are held by the other members of the community.

Reference Type: Journal Article
Author: Maxwell, RJ
Year: 1970
Title: The Changing Status of Elders in a Polynesian Society
Journal: Aging and Human Development
Volume: 1
Issue: 2
Pages: 137-146.
Alternate Journal: Aging and Human Development, 1 (2)
Keywords: Micronesia; Samoan; international; cultural competency; family
Abstract: The intent of this paper is to illustrate some of these changes as they occurred and are occurring now in Samoa, an island society in Western Polynesia. It will be suggested that the traditional authority of the elders has been undermined by a relatively recent influx of Western cultural and economic traits, particularly the introduction of a market exchange system.

Reference Type: Journal Article
Author: Maxwell, AE; Bastani, R; Warda, US
Year: 1997
Title: Breast Cancer Screening and Related Attitudes Among Filipino-American Women
Journal: Cancer Epidemiology Biomarkers Prevention
Volume: 6
Issue: 9
Pages: 719-26
Keywords: Filipino; health promotion/disease prevention; cultural competency
Abstract: This study assessed mammography screening rates and related attitudes and intervention preferences in Filipino American women, a group that has been neglected in cancer control research. Face-to-face interviews were conducted in English and Tagalog with a convenience sample of 218 Filipino women 50 years and older residing in Los Angeles. Sixty-six had ever had a screening mammogram, 42% had had one in the past 12 months, and 54% in the past 2 years. These rates are about 20% lower than those found among African-American and white women in the 1994 California Behavioral Risk Factor Survey. Implications for interventions to increase breast cancer screening are discussed.

Reference Type: Journal Article
Author: Maxwell, AE; Bastani, R; Warda, US
Year: 1998
Title: Mammography Utilization and Related Attitudes Among Korean-American Women
Journal: Women Health
Volume: 27
Issue: 3
Pages: 89-107
Keywords: Korean; health/promotion; disease prevention; cultural competency
Abstract: The purpose of this study was to assess mammography utilization among Korean American women and to identify their knowledge, attitudes and barriers related to screening. Face-to-face interviews were conducted in the Korean language with a convenience sample of

229 predominantly low-income Korean women 50 years and older residing in Los Angeles. Forty-nine percent had ever had a mammogram, 24% had had a screening mammogram in the past 12 months, and 36% had had one in the past two years. Strategies to increase mammography utilization among Korean American women are discussed.

Reference Type: Report
Author: McBride, MR; Morioka-Douglas, N; Yeo, G
Year: 1996
Title: Aging and Health: Asian and Pacific Islander American Elders
Institution: Stanford Geriatric Education Center
Date: 1996
Report Number: 3
Label: SGEC Working Paper Series
Keywords: API; health status; cultural competency; demography
Abstract: This review is focused on the health of APIA elders and will include: demographics; morbidity and mortality data; health care issues such as access, utilization, and clinical recommendations; and health practices and beliefs. Although an increasing amount is being written about a range of important topics for APIAs of all ages, the scope of this review has been kept intentionally narrow to focus specifically on health care concerns. It includes information about elders from Chinese, Japanese, Filipino, Korean, Asian Indian, Southeast Asian (Vietnamese, Cambodian, Laotian, Hmong), and Pacific Islander (native Hawaiian, Samoan, Guamanian [Chamorro], and Tongan) backgrounds, since these are the categories for which information is available, although the amount of data about the individual ethnic groups varies considerably.

Reference Type: Book Section
Author: McCormack, Guy L.; Llorens, Lela A.; Glogoski, C.
Year: 1991
Title: Culturally Diverse Elders
Book Title: Occupational Therapy and the Older Adult
Editor: Kiernat, Jean M.
Publisher: Aspen
City: Gaithersburg, MD
Pages: 11-25
Series Title: Aspen Series in Occupational Therapy
Keywords: cultural competency; alternative medicine; medical services/hospitals/doctors
Abstract: Ethnic minority elders tend to have different health beliefs and practices than those of nonminorities. Some continue to practice various forms of folk medicine that have come down from one generation to another in their own communities. Acute illness or chronic progressive disorder may throw their ethnic elder into the health care system of the larger society. Health care providers in these cases should be sensitive to cultural values, health beliefs, and self-help practices. Several potential barriers may impede the use of health care services by ethnic elders. They include (1) a distrust of health care providers and the health care system, (2) a strong sense that the health care system is not consistent with their own cultural beliefs, (3) a lack of knowledge about and access to health care services, (4) language barriers, (5) reliance upon family for care and support, and (6) lack of cross-cultural experiences with health care providers. Effectiveness of treatment will depend upon the degree of awareness by health care providers of the culture of the elderly.

Reference Type: Journal Article
Author: McGee, DL; Reed, DM; Yano, K; Kagan, A; Tillotson, J
Year: 1984

Title: Ten-Year Incidence of Coronary Heart Disease in the Honolulu Heart Program: Relationship to Nutrient Intake
Journal: American Journal of Epidemiology
Volume: 119
Issue: 5
Pages: 667-676.
Alternate Journal: American Journal of Epidemiology, 119
Keywords: Japanese; disease
Abstract: Nutrient intake was determined in over 8000 men of Japanese ancestry residing on the island of Oahu. Nutrient determination took place at the initial examination during the years 1965-1968. This report relates nutrient intake to the risk of developing coronary heart disease in the 10 years subsequent to the initial examination.

Reference Type: Journal Article
Author: McGee, DL; Liao, Y; Cao, G; Cooper, RS
Year: 1999
Title: Self-Reported Health Status and Mortality in a Multiethnic US Cohort
Journal: American Journal of Epidemiology
Volume: 149
Issue: 1
Pages: 41-6
Keywords: API; health status
Abstract: The authors examined the relation between self-reported health status and mortality among the following racial/ethnic groups: Native Americans, Asian/Pacific Islanders, blacks, whites, and Hispanics. They polled 1986-1994 data from the National Health Interview Survey to obtain information on more than 700,000 cohort participants. The authors found strong associations between self reported health status and both socioeconomic status and subsequent mortality. A self-report of fair or poor health was associated with at least a twofold increased risk of mortality for all racial/ethnic groups. Even after adjustment for socioeconomic status and measures of comorbidity, a significant relation was found between self-reported health status and subsequent mortality. The authors found that self-reported health status is a strong prognostic indicator for subsequent mortality for both genders and all racial/ethnic groups examined. These results emphasize the utility of using simple filter questions in population research.

Reference Type: Journal Article
Author: McKelvey, RS; Webb, JA
Year: 1996
Title: A Comparative Study of Vietnamese Amerasians, their Non-Amerasian Siblings, and Unrelated, Like-Aged Vietnamese Immigrants
Journal: American Journal of Psychiatry
Volume: 153
Issue: 4
Pages: 561-3
Keywords: Vietnamese; immigration/refugee; mental health; cultural competency
Abstract: The authors compared the personal histories, levels of psychological distress, and adaptation to American life of Vietnamese Amerasians (N=140), their non-Amerasian siblings (N=71), and a group of unrelated, like-aged Vietnamese immigrants (N=118). Subjects completed two self administered symptom checklists and provided demographic and personal history data. Vietnamese Amerasians differed significantly form the other two groups on measures of alcohol use, number of hospitalizations, years of education, childhood trauma, perceived effects of trauma, and score on the Vietnamese Depression Scale. The Amerasians

did not, however, differ on measures of social support or in their success at adapting to life in the United States. Despite multiple disadvantages, Vietnamese Amerasians appear to be adapting to life in the United States as well as other like-aged Vietnamese immigrants.

Reference Type: Journal Article
Author: McKelvey, RS; Webb, JA
Year: 1997
Title: A Prospective Study of Psychological Distress Related to Refugee Camp Experience.
Journal: Australian New Zealand Journal of Psychiatry
Volume: 31
Issue: 4
Pages: 549-54
Keywords: immigration/refugee; mental health; Vietnamese
Abstract: Previous reports have suggested a direct relationship between refugee camp experience and levels of psychological distress among refugees. Specifically, it has been postulated that refugee camps with harsh conditions and low levels of social support foster high levels of psychological distress. The present study was designed to assess the relationship between camp conditions and support within a refugee camp and refugees' levels of psychological distress. Unlike previous reports, which were based on retrospective data, the present study evaluated psychological distress among a group of Vietnamese refugees both prior to departure from Vietnam and during their refugee camp experience. Contrary to previous reports, levels of psychological distress among this group of Vietnamese refugees were not related to either refugee camp conditions or levels of social support within the camp.

Reference Type: Journal Article
Author: McMahon, A.; Allen-Meares, P.
Year: 1992
Title: Is Social Work Racist? A Content Analysis of Recent Literature
Journal: Social Work
Volume: 37
Issue: 6
Pages: 533-539
Keywords: community services; cultural competency
Abstract: Social work with minorities appears to be a marginal interest for the social work profession. A study analyzed 117 articles on Asian Americans, African Americans, Hispanic Americans, and Native Americans published in the 1980s in four major social work journals. The coding instruments were based on the distinction between individual and institutional racism. Each article was coded according to the type of intervention proposed and the particular minority group on which each focused. The conclusion is that most of the literature on social work practice with minorities is naive and superficial and fails to address their social context. These deficiencies pose severe restraints on the effectiveness of social work with minority populations. The authors urge a more advocative, organized, and antiracist stance from the profession.

Reference Type: Journal Article
Author: McPhee, SJ; Bird, JA; Davis, TA; Ha, NT; Jenkins, CN; Le, B
Year: 1997
Title: Barriers to Breast and Cervical Cancer Screening among Vietnamese-American Women
Journal: American Journal of Preventive Medicine
Volume: 13
Issue: 3
Pages: 205-13

Keywords: Vietnamese; cultural competency; health promotion/diseae prevention
Abstract: We investigated barriers to breast and cervical cancer screening among Vietnamese women in San Francisco and Sacramento, California. Face-to-face interviews were conducted in 1992 of 306 Vietnamese women in San Francisco and 339 women in Sacramento. In both communities, only about one half of Vietnamese women had ever had routine check-ups, clinical breast examinations, mammograms, and Pap smear tests, and only about one third were up-to-date for these screening examinations. Among women age 40 or older, 35% had never even contemplated having a mammogram. This study identified several significant barriers to recognition, receipt, and currency of screening tests. Negative predictors of test recognition included low level of education and not having a regular physician. Negative predictors of test receipt included low level of education, not having a regular physician, short duration of residence in the United States, and never having been married. A major negative predictor of test currency was low level of education. With few exceptions, attitudes and beliefs generally were not important predictors. Health education and screening programs for early breast and cervical cancer detection among Vietnamese women must be culturally appropriate and conducted in the Vietnamese language. Special outreach efforts are needed to assist recent immigrants in obtaining recommended breast and cervical cancer screening examinations.

Reference Type: Report
Author: Medicare Rights Center
Year: 1998
Title: HMO Flash: A Practical Guide by the Medicare Rights Center
Institution: Medicare Rights Center
Keywords: other (Medicare and consumer rights)
Abstract: Great two-sided Question and Answer on Medicare HMOs.

Reference Type: Report
Author: Meng, YY
Year: 1994
Title: Primary Care and Disadvantaged Asians and Pacific Islanders. Abstract and Executive Summary and Final Report
Institution: Association of Asian/Pacific Community Health Organizations
Date: Dec. 1994
Report Number: AHCPR No. 95-44
Keywords: API; community services; immigration/refugee; demography
Abstract: This study investigated specific determinants of health care needs and analyzed the levels and patterns of primary health care utilization among disadvantaged Asians and Pacific Islanders (APIs), defined as poverty, uninsured, new immigrants, and/or non-English speaking. The study employed user data from three selected community health centers (n=13,972). The results of the study showed that major predictors for increased utilization were proverty, new immigrant status, non-English speaking, having insurance, and having urgent health care needs. Other factors that led to more visits were age 45 to 65 years old, being Southeast Asian (including Vietnamese, Laotian, and Cambodian) and Chinese, and born in Hawaii. The strong and positive effects of insurance status and health care needs on utilization indicate their important role in the seeking of health care by APIs. The inverse effects of income, English speaking capability, and length of residence in the United States indicated that these community health centers are the key providers for low-income, non-English-speaking and newly arrived API populations.

Reference Type: Journal Article
Author: Meng, L; Maskarinec, G; Wilkens, L
Year: 1997

Title: Ethnic Differences and Factors Related to Breast Cancer Survival in Hawaii
Journal: International Journal of Epidemiology
Volume: 26
Issue: 6
Pages: 1151-8
Keywords: Chinese; Filipino; Hawaiian; disease
Abstract: Previous studies have described differences in breast cancer survival among women from various ethnic backgrounds even after adjustment for stage at diagnosis. The aim of this study is to identify factors that could explain this disparity in prognosis and to update breast cancer survival patterns in Hawaii. The Hawaii Tumor Registry identified 3345 breast cancer cases diagnosed between 1980 and 1988. The following covariates were studied: ethnicity, stage at diagnosis, geographical residence, and menopausal, marital and socioeconomic statuses. The Kaplan-Meier method and proportional hazards regression were used to estimate survival by group. Native Hawaiian and Filipino women had a higher risk of dying within 5 years than women of other ethnic groups. Japanese had the highest survival probability, followed by Chinese and Caucasians. Stage was the most important prognostic factor. Married women had better survival than widowed and divorced women. Filipinos had a much greater chance of dying from localized cancer than other women with localized disease. Geographical residence, menopausal and socioeconomic statuses were not associated with survival. Despite an overall improvement in breast cancer survival, ethnic disparity in prognosis still exists. Other possible explanations for the differential prognosis, such as treatment, diet, genetics, obesity, oestrogen receptor and hormonal statuses need to be explored in future studies.

Reference Type: Journal Article
Author: Meng, L; Maskarinec, G; Lee, J
Year: 1997
Title: Ethnicity and Conditional Breast Cancer Survival in Hawaii
Journal: Journal of Clinical Epidemiology
Volume: 50
Issue: 11
Pages: 1289-96
Keywords: Chinese; Hawaiian; Filipino; disease
Abstract: The conditional survival experience of 4502 female breast cancer cases diagnosed in Hawaii between 1960 and 1983 was studied. The calculation of conditional survival is based on patients who have already survived for a specified time period. Cox proportional hazards models were used to examine the effect of ethnicity, stage at diagnosis, and menopausal, marital, and socioeconomic statuses on conditional survival prognosis. Native Hawaiian and Filipino women showed a significantly higher risk of dying from breast cancer than any other ethnic group, followed by Chinese and Caucasian women, while Japanese women had the lowest risk. The ethnic pattern of breast cancer survival changed and ethnic survival differences decreased from 17 to 4% as time progressed. Conditional survival varied greatly with stage at first diagnosis. For localized, regional, and distant disease, the conditional survival rate increased from 92, 71, and 24% after diagnosis to 95, 85, and 65% 5 years after diagnosis, respectively, indicating that stage at diagnosis becomes less important in determining survival as time progresses. Being married and of a high socioeconomic status increased survival probability. These results suggest that considering time effect, the conditional survival rate is an informative tool to assess clinical outcome of breast cancer among ethnic groups over a long follow-up period.

Reference Type: Journal Article
Author: Meredith, LS; Siu, AL
Year: 1995
Title: Variation and Quality of Self-Report Health Data: Asians and Pacific Islanders Compared

With Other Ethnic Groups
Journal: Medical Care
Volume: 33
Issue: 11
Pages: 1120-1131
Keywords: API; health status; disease
Abstract: Variation in the sociodemographic, system, and disease characteristics of Asians and Pacific Islanders compared with other ethnic groups and the quality of standard self-report measures of health and functioning by ethnic groups were examined. Secondary analysis of self-report data from the Medical Outcomes Study, an observational study of adult outpatients who received care in either prepaid or fee-for-service plans, was used to compare 527 Asians and Pacific Islanders to patients in other ethnic groups (16,989 whites; 25,333 African Americans; 1,009 Latinos, and 446 others). These patients all completed screening questionnaire after visits with a Medical Outcomes Study clinician. Asians and Pacific Islanders were similar to African Americans and Latinos on most sociodemographic and system characteristics, disease status, and risk factors. Ethnicity was a significant predictor of differences in self-reported health. As a group, Asians and Pacific Islanders had better health or health of equal status compared with whites, but were less satisfied and perceived less sharing in the doctor-patient relationship compared with other ethnic groups. However, results suggest that data from standard functioning measures for Asians should be interpreted with caution and that more work is needed to understand better the social and cultural influences on the health of Asian and Pacific Islanders.

Reference Type: Journal Article
Author: Mills, PK; Yang, R
Year: 1997
Title: Cancer Incidence in the Hmong of Central California, United States, 1987-94
Journal: Cancer Causes Control
Volume: 8
Issue: 5
Pages: 705-12
Keywords: Hmong; disease; demography; cultural competency; disease prevention
Abstract: The purpose of this study was to measure cancer incidence in this unique new immigrant population. Using the resources of the Cancer Registry of Central California (CRCC), a population-based cancer registry, cancer incidence in the Hmong was evaluated by calculating age-adjusted incidence rates as well as by calculating proportional incidence ratios. Compared with all races combined, elevated rates of cancer in the Hmong were observed for the following sites: nasopharynx, stomach, liver, pancreas, leukemia, and non-Hodgkin's lymphoma. Cervical cancer incidence overall was elevated, but more noteworthy, invasive cervix cancer rates were much higher than expected. Lower cancer rates were found for breast, prostate, and colorectal cancer. Hmong also experienced advanced stage and grade of disease at diagnosis for many cancer sites in addition to cervical cancer, which may be explained by cultural factors, including avoidance of Western medical care and low rates of participation in screening programs. This population should be followed closely and monitored for patterns of cancer incidence in the future since it provides a natural laboratory for studies of cancer etiology as this population gradually becomes acculturated to the Western lifestyle.

Reference Type: Report
Author: Minority Affairs
Year: 1986
Title: Portrait of Older Americans
Institution: American Association of Retired Persons, Washington DC

Keywords: API; demography
Abstract: A look at Black Elderly, Hispanic Elderly, Asian/Pacific Islander Elderly, and Native American Elderly.

Reference Type: Journal Article
Author: Mishara, SI; Luce-Aoelua, PH; Wilkens, LR
Year: 1996
Title: Cancer among Indigenous Populations. The Experience of American Samoans.
Journal: Cancer
Volume: 78
Issue: 7 Suppl
Pages: 1553-7
Keywords: Samoan; disease
Abstract: Little is known about the cancer control needs of American Samoans. This report provides some of the first data on cancer incidence among American Samoans in Hawaii. The Hawaii Tumor Registry, a Surveillance, Epidemiology, and End Results population-based, active cancer surveillance program, provided archival data on American Samoans residing in Hawaii and on those referred to Hawaii for diagnosis and treatment from the U.S. Territory of American Samoa. The data provide baseline information that has important public health and research implications for cancer control programs for this population.

Reference Type: Journal Article
Author: Mishra, SI; Luce-Aoelua, P; Wilkens, LR; Bernstein, L
Year: 1996
Title: Cancer among American-Samoans: Site-Specified Incidence in California and Hawaii
Journal: International Journal of Epidemiology
Volume: 25
Issue: 4
Pages: 713-21
Keywords: Samoan; disease
Abstract: There is a paucity of data about cancer among American Samoans, the largest Pacific Islander group after Hawaiians. This study provides the first data on the incidence and relative risk for all cancers among American-Samoans on the US mainland and in Hawaii. The University of Southern California Cancer Surveillance Program and the Hawaii Tumor Registry, two population-based cancer surveillance programmes, provided archival data on American-Samoans residing in Los Angeles County, California, and Hawaii, respectively. The data provide baseline information which has important implications for future cancer control research and prevention in this population.

Reference Type: Journal Article
Author: Mo, B.
Year: 1992
Title: Modesty, Sexuality, and Breast Health in Chinese-American Women
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 260-264
Keywords: Chinese, health promotion/disease prevention; disease; cultural competency
Abstract: Although breast cancer rates among Chinese women are lower than among white women, breast cancers and other breast disease often go undetected and untreated in Chinese women. Cultural values with respect to modesty and sexuality especially in unmarried women,

partly account for a Chinese lack of attention to breast health. In addition, institutional barriers, such as an unavailability of information in Chinese languages, few female doctors, and an absence of educational campaigns, contribute to Chinese women's neglect of breast health.

Reference Type: Book
Author: Modarres, A.
Year: 1994
Title: The Racial and Ethnic Structure of Los Angeles County: A Geographic Guide
Series Editor: Brown, E.G.
Publisher: Institute of Public Affairs California State University
City: Los Angeles
Number of Pages: 81
Keywords: API; demography
Abstract: Maps and demographic information on Los Angeles County, California.

Reference Type: Journal Article
Author: Mokuau, N.; Fong, R.
Year: 1994
Title: Assessing the Responsiveness of Health Services to Ethnic Minorities of Color
Journal: Social Work in Health Care
Volume: 20
Issue: 2
Pages: 23-34
Keywords: health status; community services; medical services/hospitals/doctors
Abstract: Ethnic minorities of color are disadvantaged on most indicators of health and wellness, yet, health services have not been adequately responsive to this group's needs. This paper explores the improvement of health services for this population by discussing common criteria for the assessment of responsiveness: availability, accessibility, and acceptability. Illustrative examples drawn from different ethnic minority groups will be utilized in the discussion of assessment criteria and ideas for cultural responsiveness highlighted.

Reference Type: Journal Article
Author: Mokuau, N; Browne, C
Year: 1994
Title: Life Themes of Native Hawaiian Female Elders: Resources for Cultural Preservation
Journal: Social Work
Volume: 39
Issue: 1
Pages: 43-9
Keywords: Hawaiian; cultural competency
Abstract: Women of color represent a growing segment of the rapidly increasing aging population in the United States, and yet descriptive and epidemiological data on this population remain sparse. This article examines the life experiences of aging native Hawaiian women. Oral history methodology is used to collect information on the life experiences of six female elders (kupuna) to identify life themes and cultural values and, more important, to contribute to cultural preservation. Implications for social work policy and research are identified.

Reference Type: Journal Article
Author: Montepio, S.N.
Year: 1986
Title: Folk Medicine in the Filipino American Experience

Journal: Amerasia
Volume: 13
Issue: 1
Pages: 151-162
Keywords: Filipino; alternative medicine; cultural competency; international; immigration
Abstract: This paper focuses on the health behaviors of Filipino Americans in Los Angeles, analyzing what these behaviors mean to the people who hold and perform them. The first part discusses traditional Filipino folk medicine. Since all those interviewed for this study belong to lowland Christian groups, I have limited my discussion on these groups to the exclusion of mountain and non-Christian tribes. Data synthesize the findings of various studies conducted by researchers in the Philippines. Then I discuss the medical beliefs and practices of Filipinos in Los Angeles, focusing on the elements that have resulted from immigration and the subsequent forming of new networks. Finally, the techniques of one particular healer are described as an example of the changes that have taken place to meet the demands of a new environment.

Reference Type: Book Section
Author: Montero, D
Year: 1979
Title: Disengagement and Aging Among the Issei
Book Title: Ethnicity and Aging: Theory, Research, and Policy
Editor: Kutzik, DE Gelfand & AJ
Publisher: Springer Publishing Company
City: New York
Pages: 193-205
Keywords: Japanese; cultural competency; demography; immigration/refugee
Abstract: This chapter focuses upon the Issei, the immigrant first-generation Japanese Americans, who are a unique subgroup within this American minority. It is convenient to divide Japanese Americans into three distinct generations: the Issei, who immigrated to this country between 1895 and 1924; their American-born children, the Nisei; and the Sansei, who are children of the Nisei and grandchildren of the Issei (Kitano, 1972). The main thrust of Japanese immigration began around 1900 and ended with the Exclusion Act of 1924. This Act effectively cut off any further immigration from Japan, a state of affairs that continued until 1952. The Act served, however unintentionally, to define a unique and relatively homogeneous ethnic subgroup.

Reference Type: Journal Article
Author: Montero, D
Year: 1980
Title: The Elderly Japanese American: Aging Among the First Generation Immigrants
Journal: Genetic Psychology Monographs
Volume: 101
Pages: 99-118.
Alternate Journal: Genetic Psychology Monographs, 101
Keywords: Japanese; immigration/refugee; cultural competency; family/caregiving/intergenerational
Abstract: The present paper examined the social disengagement theory, which suggests that older people often do not wish to maintain the same level of immersion in social relations as their age increases. The theory suggests that a voluntary, mutual withdrawal takes place on the part of the elderly and the rest of society. The study is based upon a national random sample of 1002 first generation Japanese American (Issei). The Issei were interviewed by bilingual Japanese American interviewers. The sample included 66% men and 34% women, whose median ages were 76 and 71 years, respectively, and whose median number of school years completed in Japan was eight. The paper examined a series of indicators of Issei social participation -- visiting

patterns with friends and relatives, interest in political affairs, and membership in voluntary organizations -- to determine whether there was a differential level of social participation by age or sex. The results of the study indicated some support for the social disengagement thesis. The findings indicated that age is inversely related to social participation. One notable exception to this general pattern was found: visiting with Issei's children does not decrease with age. Findings are discussed in light of the theoretical implications of the social disengagement thesis for future research among racial and cultural minorities.

Reference Type: Journal Article
Author: Moody, H.R.
Year: 1998
Title: Cross-Cultural Geriatric Ethics: Negotiating Our Differences
Journal: Generations
Volume: 22
Issue: 3
Pages: 32-39
Keywords: cultural competency
Abstract: "It is this common human experience -- rather than the formulation of ideas about universal rights and obligations -- that reaches the level of true universality. Neither empty universality ("principlism") nor stereotyping ethnic groups (referring to, for example, "Asian values") is helpful in achieving the difficult dialogue across cultures that will be necessary for ethics in the twenty-first century." (p34)

Reference Type: Journal Article
Author: Moon, JH; Pearl, JH
Year: 1991
Title: Alienation of Elderly Korean American Immigrants as Related to Place of Residence, Gender, Age, Years of Education, Time in the US, Living with or without Children, and Living with or without a Spouse
Journal: International Journal of Aging and Human Development
Volume: 32
Issue: 2
Pages: 115-124.
Alternate Journal: International Journal of Aging and Human Development, 32(2)
Keywords: Korean; immigration/refugee; mental health; cultural competency
Abstract: Dean's Alienation Scale (DAS) was administered to 137 Korean immigrants, aged sixty years or older, who had resided in the United States for at least one year but not more than fifteen years. The study was made in order to determine the relationship of alienation to the independent variables of place of residence (an ethnically homogeneous Korean community in Los Angeles vs. ethnically heterogeneous communities in Oklahoma), gender, age, years of education, time in the United States, living with or without children, and living with or without a spouse. Significant relationships (p<.01) were found between one or more of the subscales of the DAS (powerlessness, normlessness, social isolation, and total alienation) and place of residence, age, time in the United States, and whether living with or without a spouse. Simultaneous regression analyses were performed to determine the relative contribution of the independent variables to each of the subscales.

Reference Type: Report
Author: Moon, A.; Chang, J.
Year: 1993
Title: A Survey of Older Americans in Los Angeles County
Institution: UCLA School of Social Welfare

Date: 1 October
Type of Work: Los Angeles County Area Agency on Aging Needs Assessment Survey
Keywords: API; community services; other (planning)
Abstract: Los Angeles County Area Agency on Aging conducted a needs assessment of older persons (5/93) in preparation for the 4-year Area Plan. 10,000 residents 55 and older of LA County were randomly selected to receive English and Spanish language surveys. 2,724 responses (27.2%) were received, no follow-up was done. The report is based on an analysis of 704 responses. Sampling weights were used for non-Hispanic whites and for other ethnic/racial groups. Limitations: bias against least educated, non-English and non-Spanish speaking, physical/cognitive impairment, and potential for misunderstanding the survey terminology (barriers to independent living or difficulties in ADLs).

Reference Type: Journal Article
Author: Moon, A; Williams, O
Year: 1993
Title: Perceptions of Elder Abuse and Help-Seeking Patterns Among African-American, Caucasian American, and Korean-American Elderly Women
Journal: The Gerontologist
Volume: 33
Issue: 3
Pages: 386-395
Keywords: Korean; cultural competency; other (elder abuse)
Abstract: Thirteen scenarios were used to measure and compare the perceptions of elder abuse and help-seeking behaviors of African-American, Caucasian American, and Korean American elderly women. Significant group differences existed in their perceptions of elder abuse with regard to six scenarios, and the Korean-American women were substantially less likely to perceive a given situation as abusive than the other groups. The three groups also showed significant differences in their intended use of formal and informal sources of help in the case of elder abuse.

Reference Type: Journal Article
Author: Moon, A; Lubben, JE; Villa, V
Year: 1998
Title: Awareness and Utilization of Community Long-Term Care Services by Elderly Korean and Non-Hispanic White Americans
Journal: Gerontologist
Volume: 38
Issue: 3
Pages: 309-16; discussion 317-9
Keywords: Korean; community services; cultural competency
Abstract: This article presents a comparative analysis of the level of awareness and utilization of 15 community-based long-term care services by 213 elderly Korean and 201 non-Hispanic White Americans. We found extremely low levels of awareness and utilization of long-term health and social services among Korean Americans, in both absolute and relative terms. This finding challenges the success of the Older Americans Act, an important funding source of those services, in meeting its stated objectives to increase service availability and delivery to minority elders and socioeconomically disadvantaged elders. Strategies for effective outreach and public education efforts are also discussed.

Reference Type: Journal Article
Author: Moore, JW; Clark, GMG; Takatani, O; Wakabayashi, Y; Hayward, JL; Bulbrook, RD
Year: 1983

Title: Distribution of 170 Estradiol in the Sera of Normal British and Japanese Women
Journal: Journal of the National Cancer Institute
Volume: 71
Issue: 4
Pages: 749-754.
Alternate Journal: Journal of the National Cancer Institute, 71
Keywords: Japanese; disease
Abstract: Normal Japanese women had significantly more of their blood 17B-estradiol (E2) bound to sex hormone-binding globulin (SHBG) (3%) than British women (30%) and conversely less bound to albumin. While the proportion of SHBG-bound (E2) increased with SHBG capacity and while binding fell as weight increased, the differences between the incidences do not appear to explicabe in terms of SHBG capacity or height. At a given SHBG capacity, the Japanese women had more (E2) bound to the protein than British women. Where weights in the 2 populations overlapped, the Japanese women still had more of their (E2) bound to SHBG than did the British women. Our results suggested that the affinity of albumin for E2 is lower in Japanese women.

Reference Type: Book Section
Author: Mori, M.
Year: 1979
Title: Services to the Aged in Japan
Book Title: Reaching the Aged: Social Services in Forty Four Countries
Editor: Teicher, M.I.; Thursz, D.; Vigilante, J.L.
Publisher: Sage Publications
City: Beverly Hills
Pages: 189-200
Series Title: Social Service Delivery Systems
Edition: 1
Keywords: international; Japanese; demography; cultural competency; community services; medical services
Abstract: Discusses the situation of the aged in the Japan in the 1960s and 1970s.

Reference Type: Magazine Article
Author: Mosbacher, R.A.
Year: 1991
Title: Secretary of Commerce Robert A. Mosbacher Decides Against Adjustment of 1990 Census
Magazine: Census and You
Volume: 26
Issue Number: 8
Pages: 1-1
Date: August 1991
Keywords: demography
Abstract: "...Based on our estimates, Blacks appear to have been undercounted in the 1990 census by 4.8 %, Hispanics by 5.2%, Asian-Pacific Islanders by 3.1%, and American Indians by 5.0%, while non-Blacks appear to have been undercounted by 1.7%...."

Reference Type: Journal Article
Author: Muecke, MA
Year: 1983
Title: Caring for Southeast Asian Refugees in the USA
Journal: American Journal of Public Health

Volume: 73
Issue: 4
Pages: 431-438.
Alternate Journal: American Journal of Public Health, 73
Keywords: SE Asian; immigration/refugee; cultural competency; medical services
Abstract: This paper concerns care of refugees from Southeast Asia who speak little English and are relatively unfamiliar with the formal health care system in the United States. It aims to demystify the behaviors of refugee patients and to support health practitioners who are attempting to care for them. Western medicine is discussed in terms of the expectations that refugees tend to hold of it, and of the conflicts with Southeast Asian beliefs and practices which it presents. Despite language differences, health care agents can increase the effectiveness of their communication with persons from Southeast Asia, primarily by allowing for their viewpoints. Topics discussed are: the first encounter with a refugee patient; use of interpreters; obtaining informed consent; "the passive obedient" patient, the "non-compliant" patient; body image; sources of social support for healing; use of medications; traditional self-care practices; and death and depression.

Reference Type: Journal Article
Author: Mui, AC
Year: 1996
Title: Depression Among Elderly Chinese Immigrants: An Exploratory Study.
Journal: Social Work
Volume: 41
Issue: 6
Pages: 633-45
Keywords: Chinese; immigration/refugee; mental health; cultural competency
Abstract: Despite an increase in the population of elderly Chinese immigrants, little is known about their mental health problems. The most prevalent mental health problem of elderly people - depression - often goes unrecognized and untreated. In an interview format, the author administered the Geriatric Depression Scale and measures of health status, living situation, stressful life events, and informal support to a community sample of 50 elderly Chinese immigrants recruited at senior centers and meal sites. Respondents who rated their health as good, who lived with others, and who were satisfied with help received from family members were least likely to be depressed. The impact of these factors on the mental health of elderly Chinese immigrants can be understood in light of their unique cultural values.

Reference Type: Journal Article
Author: Mui, AC
Year: 1996
Title: Geriatric Depression Scale as a Community Screening Instrument for Elderly Chinese Immigrants
Journal: International Psychogeriatrics
Volume: 8
Issue: 3
Pages: 445-58
Keywords: Chinese; mental health
Abstract: Depression is the most prevalent mental health problem among the elderly, including Chinese-American elderly. A Chinese-language version of the popular Geriatric Depression Scale Long Form (GDS-LF) and Short Form (GDS-SF) was developed. Based on the responses of 50 elderly Chinese immigrants to the U.S. (25 women and 25 men), the GDS-LF evidenced high internal consistency but the GDS-SF did not. Factor analysis was then used to develop a new version of the GDS-SF, which was internally consistent. The revised GDS-SF is an important and

easy-to-administer tool for community screening of depression among elderly Chinese immigrants.

Reference Type: Journal Article
Author: Muir, CS
Year: 1960
Title: Coronary Heart Disease in Seven Racial Groups in Singapore
Journal: British Heart Journal
Volume: 22
Pages: 45-53.
Alternate Journal: British Heart Journal, 22
Keywords: international; disease; Singapore
Abstract: The purpose of this communication is to examine the pattern of coronary heart disease over the years 1948 to 1975 inclusive, as seen in the mortuary of the General Hospital at Singapore in 19,415 consecutive autopsies, and to determine whether there are racial differences. The macroscopic data considered relevant were transferred from the post-mortem protocols on to a specially prepared proforma in all those cases in which the principal cause of death was given as coronary heart disease. The series does not include other cases in which coronary heart disease was an incidental finding.

Reference Type: Journal Article
Author: Muller, J.H.
Year: 1992
Title: Ethnical Dilemmas in a Cross-Cultural Context: A Chinese Example
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 323-327
Keywords: Chinese; cultural competency; medical services; family
Abstract: Considerable attention is now being given to ethnical conflicts raised by such issues as the disclosure of disease and programs, the role of the family in making medical decisions, and the withholding or withdrawing of treatment of terminally ill patients. Already complicated, these issues take on added complexity in contexts where medical programs and patients have differing cultural beliefs and practices. Ethnical dilemmas that develop in multicultural settings have been largely unaddressed. Through the analysis of a case involving the hospital admission & death of a Chinese woman with metastic lung cancer, we examine some of these dilemmas and their effect on the patient, family and doctors. Many issues were raised by this case regarding the relationships among ethnic background, bioethics, and medical care.

Reference Type: Journal Article
Author: Munoz, FU
Year: 1976
Title: Pacific Islanders -- A Perplexed, Neglected Minority
Journal: Social Casework
Volume: 57
Issue: 3
Pages: 179-184.
Alternate Journal: Social Casework, 57(3)
Keywords: Guamanians; Samoans; cultural competency; demography
Abstract: A person who has come to the United States from the Pacific Islands finds himself in a unique situation in the American society. His is not a visible minority and he is often mistaken for

a member of whatever other minorities his physical characteristics most resemble in any given setting. The island culture, language, and ethnic heritage are generally unknown to most Americans. An Islander is viewed as an exotically interesting person, but there is little awareness or concern expressed as to how life in America affects his personal and social life. His presence is seen almost as if it were a passing phenomenon. The Islander in the United States is no longer the inhabitant of a familiar, isolated area with mastery of his environment and command over his resources. He is now one of a million other migrants trying to "make it" in this country; like them, he has handicaps that forestall immediate integration into the social, political, and economic mainstream.

Reference Type: Book Section
Author: Munoz, FU
Year: 1977
Title: Family Life Patterns of Pacific Islanders: The Insidious Displacement of Culture
Book Title: The Psychosocial Development of Minority Group Children
Editor: Powell, GJ
Publisher: Brunner/Mazel Publishers
City: New York
Pages: 248-257
Keywords: API; mental health; family/caregiving/intergenerational
Abstract: This chapter will attempt to illustrate how the traditional culture is being changed and family roles and relationships are being altered and sometimes undermined as a result of the influx of Western culture and economy, especially the introduction of the money exchange system. Observations in this chapter correlated highly with a description of the changing status of elders in Polynesia by Watson and Maxwell (1977).

Reference Type: Book Section
Author: Murase, K.
Year: 1992
Title: Models of Service Delivery in Asian American Communities
Book Title: Social Work Practice With Asian Americans
Editor: Furuto, S.M.; Biswas, R.; Chung, D.K.; Murase, K.; Ross-Sheriff, F.
Publisher: Sage Publications
City: Newbury Park
Pages: 101120
Keywords: API; mental health; community services; cultural competency
Abstract: This chapter is based on an exploratory study of 49 Asian community-based agencies that are delivering mental health and mental health-related services in four cities on the West Coast -- Los Angeles, San Diego, San Francisco, and Seattle. The study was undertaken in response to findings of previous research, which have documented a pervasive pattern of differential treatment, based on race and ethnicity, in mental health services to Asian and other ethnic minority communities (Sue & Morishima, 1982). The study objective was to identify and define the response of Asians to mental health and mental health-related needs by developing alternative models of service delivery that address the problems of denial, inaccessibility, and inappropriateness of services to members of their communities.

Reference Type: Journal Article
Author: Murphy, H
Year: 1977
Title: Migration, Culture, and Mental Health
Journal: Psychological Medicine

Volume: 7
Pages: 677-684.
Alternate Journal: Psychological Medicine, 7
Keywords: mental health; immigration/refugee
Abstract: The former belief that immigrants always suffer from an excess of mental disorder is no longer valid, and the old rivalry between social selection and social causation hypotheses has lost much of its relevance. The mental health of a migrant group is determined by factors relating to the society of origin, factors relating to the migration itself, and factors operating in the society of resettlement; and all three sets need to be considered if one seeks to reduce or merely to understand the level of mental disorder in any immigrant group. Illustrations from each set of factors are presented, with indications of whether they appear to have general relevance or be related to specific mental disorders.

Reference Type: Journal Article
Author: Murray, R.H.; Rubel, A.J.
Year: 1992
Title: Sounding Board: Physicians and Healers - Unwitting Partners in Health Care
Journal: The New England Journal of Medicine
Volume: 326
Issue: 1
Pages: 61-64
Keywords: alternative medicine
Abstract: United States doctors are unaware of popularity or use of alternative medicine among all classes of patients. Alternative medicine is "a heterogeneous set of practices that are offered as an alternative to conventional medicine for the preservation of health and the diagnoses and treatment of health-related problems; its practitioners are often called healers." (p61) They represent a mix of beliefs and treatments and are based on no common or consistent ideology, theory of illness or treatment and derive from a range of sources: ethnic and folk traditions, mainstream medical practices, established religions or semi-religious cults, philosophies or metaphysical movements, and health/wellness groups exploiting the growing rebellion against technology and perceived impersonalization of medical care. Although chiropractors are licensed in every state and acupuncturists are registered under the acts regulating medical practice in several states, most other practitioners of alternative medicine are unlicensed, unregistered, and unregulated. (p61) The author recommends a panel be established of conventional and alternative medicine practices and the public to begin negotiating a consensus on standards for diagnoses & treatment.

Reference Type: Journal Article
Author: Murray, J.; Sheperd, S.
Year: 1993
Title: Alternative or Additional Medicine? An Exploratory Study in General Practice
Journal: Social Science Medicine
Volume: 37
Issue: 8
Pages: 989-988
Keywords: alternative medicine; medical services
Abstract: In a South London general practice a substantial proportion of patients in some age groups (35-45) had tried alternative treatment. Satisfied with the outcome was limited. The use of alternatives was associated with higher general practice consultation rates, especially among women. Qualitative interviews with users suggested that rapid cures for chronic conditions were rarely expected; rather, an alternative explanation for health problems was sought and a greater sense of autonomy in dealing with them. Negative attitudes towards modern medicine arose

from perceptions of excessive technological intervention and iatrogenic disorders arising from long term drug treatment.

Reference Type: Journal Article
Author: Nagpaul, K.
Year: 1997
Title: Elder Abuse Among Asian Indians: Traditional versus Modern Perspectives
Journal: Journal of Elder Abuse and Neglect
Volume: 9
Issue: 2
Pages: 77-92
Keywords: Asian Indian; immigration; cultural competency; other (elder abuse)
Abstract: This article examines different perspectives of elder abuse in the context of traditional cultural values and the effects of modernization in India and acculturation among Indian immigrants to the U.S. Case examples illustrate general perspectives. Implications for policy, programs, and practices are discussed.

Reference Type: Report
Author: National Asian Pacific Center on Aging
Year: 1998
Title: Report on Progress: Community Based Capacity Building for Asian Pacific Islander Elders
Institution: National Asian Pacific Center on Aging
Date: March
Keywords: API, demography, community services
Abstract: This is a report on the first of a three year advocacy project of the National Asian Pacific Center on Aging (NAPCA). *Community Based Capacity Building for Asian Pacific Islander Elders* is a nation-wide initiative to enhance social and health services for Asian Pacific Islander American (API) elders, the fastest growing yet most underserved segment of the senior population. Through this project NAPCA is conducting a series of targeted meetings that culminate in community-wide conferences in urban areas where diverse groups of API older adults and their family caregivers live. The project convenes Asian (e.g. Chinese, Filipino, Japanese, Korean, Asian Indian, Vietnamese, Cambodian, Laotian) and Pacific Islander (e.g. Samoan, Tongan, Guamanian, Hawaiian) communities in meetings with aging network service providers and local policy makers. The meetings (a) provide information about the diversity of API communities, (b) inventory the availability and responsiveness of health, employment and supportive services and the extent to which the needs of API elders are being met, (c) move toward consensus on critical actions that better meet the needs of API elders, and (d) provide technical assistance to leverage local community resources and efforts to implement action plans that are site-specific. The meetings provide opportunities for API elders, their caregivers, and the aging network to raise and begin resolving issues and concerns. Year one cities included: Los Angeles City and County, CA; Seattle/King County, WA; and Philadelphia, PA.

Reference Type: Conference Proceedings
Author: National Pacific/Asian Resource Center on Aging
Year: 1981
Title: Pacific/Asians: The Wisdom of Age [National Mini-Conference on the Pacific/Asian Elderly, 1981 White House Conference on Aging, Executive Summary]
Conference Name: White House Conference on Aging
Publisher: National Pacific/Asian Resource Center on Aging
Conference Location: Seattle
Keywords: health status, community services, medical services; other (policy)
Abstract: The Mini-Conference provided an arena for the development of national policy

recommendations on those issues which significantly affect the Pacific/Asian elderly. The five issue areas considered were health care, economic security, social service, nutrition, and housing.

Reference Type: Journal Article
Author: Neary, MA; Sums, PA; Seidl, A; & Inoaka, MS
Year: 1992
Title: A Short-Term Geriatric Nursing Program in the US for Japanese Nurses
Journal: International Nursing Review
Volume: 39
Issue: 2
Pages: 56-59.
Alternate Journal: International Nursing Review, 39(2)
Keywords: international; Japanese; nursing homes; health status
Abstract: Providing quality care to their growing elderly population is a top priority for Japanese nurses. The result: a geriatric nursing programme developed to meet the specific needs of Japanese nurses in caring for the elderly, but yet adaptable to meet the needs of nursing students and registered nurses in other countries.

Reference Type: Journal Article
Author: Nelson, E.A.; Dannefer, D.
Year: 1992
Title: Aged Heterogeneity: Fact or Fiction? The Fate of Diversity in Gerontological Research
Journal: The Gerontologist
Volume: 32
Issue: 1
Pages: 17-23
Keywords: cultural competency; other (research)
Abstract: Studies literature on aging from 1982-1987 and makes a case for the limitations of normative approaches to understanding aging and the aged. Such approaches deny and do not account for individual variation over time - income disparity among elders increases with age, as does functional impairment, but few studies provide further information about such trends. This article "(1) distinguishes longitudinal from cross-sectional data; (2) considers the types of characteristics in which differences in the amount of variance between age groups are found; (3) reports statistical tests conducted to determine significance of differences, where possible; and (4) considers the age groups or ranges for which comparisons are made."

Reference Type: Journal Article
Author: Nemoto, T.
Year: 1998
Title: Subjective Norms Toward Social Support Among Japanese American Elderly in New York City: Why Help Does Not Always Help
Journal: Journal of Community Psychology
Volume: 26
Issue: 4
Pages: 293-316
Keywords: Japanese; cultural competency; family/caregiving/intergenerational; mental health; demography; other
Abstract: This study investigated the interaction effects between social support and subjective norms toward mobilizing and reciprocating social support on the psychological well-being among Japanese American elderly. A sample of 111 Japanese American elderly (mean age: 74 years)

who resided in the New York City Metropolitan area were interviewed using a structural survey questionnaire. The study revealed several significant interaction effects between norms and social support. Japanese American elderly who had strong norms toward reciprocating support did not receive the full benefit of social support because of the negative impact of norms of reciprocity. Elderly who had received material support from family and had strong norms toward reciprocity were more depressed, showed more symptoms of aging, and were less satisfied with their lives than those elderly who did not have strong norms or reciprocity. These findings suggest that cultural norms toward mobilizing certain types and sources of social support, and norms toward reciprocity of social support must be considered when investigating social support. Interventions to increase social support may have a negative effect on psychological well-being when recipients have strong norms toward reciprocating the support, but lack resources to do so. Future research is needed to identify effective strategies to change norms to maximize the effect of social support, particularly among elderly whose financial resources and social networks are limited.

Reference Type: Report
Author: Newcomer Information Clearinghouse
Year: 1997
Title: San Francisco Profile of Immigrants and Refugees
Institution: International Institute of the East Bay
Keywords: API; immigration/refugee; other (welfare)
Abstract: Welfare reform and impact on immigrants, citizenship, education, economic status, public assistance (including SSI).

Reference Type: Book Section
Author: Ng, C.
Year: 1992
Title: Growing Old
Book Title: Asian Americans: Oral Histories of First to Fourth Generation Americans from China, the Philippines, Japan, India, the Pacific Islands, Vietnam, and Cambodia
Editor: Lee, J.F.J.
Publisher: The New Press
City: New York
Pages: 147-149
Edition: 2
Keywords: Chinese; family/caregiving/intergenerational; cultural competency
Abstract: An interview with an eighty-year-old Chinese American on his personal history.

Reference Type: Report
Author: Nguyen, A; Bounthinh, T; Mum, S
Year: 1980
Title: Folk Medicine, Folk Nutrition, Superstitions
Institution: US Department of Labor
Date: July 1980
Report Number: contract # 99-7-998-36-17
Keywords: API; alternative medicine; cultural competency
Abstract: Gives a cultural overview of folk medicine, folk nutrition, and superstitions in Asian cultures.

Reference Type: Journal Article
Author: Nguyen, MD

Year: 1985
Title: Culture Shock: A Review of Vietnamese Culture and its Concepts of Health and Disease
Journal: Western Journal of Medicine
Volume: 142
Pages: 409-412.
Alternate Journal: Western Journal of Medicine, 142
Keywords: Vietnamese; cultural competency; family/caregiving/intergenerational; immigration/refugee
Abstract: Misunderstandings of Vietnamese culture and beliefs have led to many unfortunate incidents in the United States, including background of the Vietnamese, their philosophy of life and the influence of religion and beliefs on their personalities, both as individual persons and as members of extended family units. The Vietnamese concepts of health and disease are presented.

Reference Type: Journal Article
Author: Nichaman, M; Hamilton, H; Kagan, A; al, et
Year: 1975
Title: Epidemiologic Studies of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Distribution of Biochemical Risk Factors
Journal: American Journal of Epidemiology
Volume: 102
Issue: 6
Pages: 492-501.
Alternate Journal: American Journal of Epidemiology, 102
Keywords: Hawaiian; Japanese; disease; health status; health promotion/disease prevention;international
Abstract: Distributions of serum cholesterol, glucose, uric acid and triglycerides are examined among Japanese men living in Japan, Hawaii and California. Laboratory methods are described in detail and efforts to assure comparability of these methods. In every age group studied, the mean, median and percentile for each of the biochemical variables are lower for men in Japan than in Hawaii and California

Reference Type: Journal Article
Author: Nishi, S.M.; Wang, C.P.
Year: 1985
Title: The Status of Asian Americans in the Health Care Delivery System in New York
Journal: New York State Journal of Medicine
Issue: April
Pages: 153-156
Keywords: API; immigration; community services; cultural competency
Abstract: The numbers of Asian Americans in New York has increased significantly since the 1965 immigration reforms, and this population's role in filling critical gaps in the state's health care delivery system is particularly noteworthy. Ironically, however, this role obscures the recognition and resolution of difficult problems. The distribution of Asian Americans in New York's medical care system delineates issues of concern, not only to this minority population, but with respect to the status of the system itself.

Reference Type: Journal Article
Author: Nomura, AM; Stemmermann, GN; Heilbrun, LK; ; al, et
Year: 1985
Title: Serum Vitamin Levels and the Risk of Cancer of Specific Sites in Men of Japanese

Ancestry in Hawaii
Journal: Cancer Research
Volume: 45
Pages: 2369-2372.
Alternate Journal: Cancer Research, 45
Keywords: Japanese; Hawaiian; disease; health status; health promotion/disease prevention
Abstract: Serum specimens were obtained from over 6800 men of Japanese ancestry in Hawaii from 1971 to 1975. Following this, the numbers of new diagnosed cancer cases were identified and discussed as well as correlation with vitamin A, E and Beta - carotene.

Reference Type: Journal Article
Author: Nomura, A.; Stemmermann, G.N.; Heilbrun, L.K.
Year: 1985
Title: Gastric Cancer Among the Japanese in Hawaii: A Review
Journal: Hawaii Medical Journal
Volume: 44
Issue: 8
Pages: 301-306
Keywords: Japanese; disease
Abstract: A number of studies related to gastric cancer have been done among the Japanese in Hawaii. Some of the findings are described here. Japanese in Hawaii have a lower rate of stomach cancer than their counterparts in Japan, mainly due to the reduced occurrence of the intestinal type of gastric cancer. Diets high in the intake of pickled vegetables and dried/salted fish, and low in the intake of raw vegetables, have been linked to an increased risk for stomach cancer.

Reference Type: Journal Article
Author: Nomura, AM; Heilbrun, LK; Stemmermann, GN
Year: 1986
Title: Study of Coffee Consumption and the Risk of Cancer
Journal: Journal of the National Cancer Institute
Volume: 76
Issue: 4
Pages: 587-590.
Alternate Journal: JNCI 76(4)
Keywords: disease; health status; Japanese; Hawaiian; health promotion
Abstract: Information on coffee consumption was obtained from 7,355 men clinically examined from 1965-1968, as part of a prospective cohort study. Results of this research are examined in this article. Coffee intake did not significantly increase the risk for any of the cancers in this study.

Reference Type: Journal Article
Author: Nomura, AM; Heilbrun, LK; Morris, S; Stemmermann, GN
Year: 1987
Title: Serum Selenium and the Risk of Cancer, by Specific Sites: Case-Control Analysis of Prospective Data
Journal: Journal of the National Cancer Institute
Issue: 1
Pages: 103-107.
Alternate Journal: JNCI, 79(l)
Keywords: Japanese; Hawaiian; disease; health status; health promotion/disease prevention

Abstract: From 1971 to 1975, serum specimens were obtained from 6,860 men of Japanese ancestry in Hawaii. Since then, the following numbers of newly diagnosed cases with epithelial cancer have been examined. The stored sera of cases and selected controls were tested to determine their levels of selenium.

Reference Type: Journal Article
Author: Nomura, AM; Hellbrun, LK; Stemmermann, GN; Judd, H
Year: 1988
Title: Prediagnostic Serum Hormones and the Risk of Prostate Cancer
Journal: Cancer Research
Volume: 48
Pages: 3515-3517.
Alternate Journal: Cancer Research, 48
Keywords: Hawaiian; Japanese; disease; health promotion/disease prevention; health status
Abstract: Serum samples were obtained from 6860 men during their study examination from 1971 to 1975. After a surveillance period of about 14 years, 98 incident cases of prostate cancer were identified. There was a suggestion that serum dihydrotestosterone levels were lower and the testosterone/dihydrotestosterone levels were lower and the thestosterone/dihydrotestosterone ratios were higher in the prostate cancer cases compared with their controls. Further work is needed to clarify the relationship between sex hormones and prostate cancer risk.

Reference Type: Journal Article
Author: Nomura, AM; Wasnich, R; Heilbrun, LK; Ross, P; Davis, J
Year: 1989
Title: Comparison of Bone Mineral Content Between Japan-born and US-born Japanese Subjects in Hawaii
Journal: Bone and Mineral
Volume: 6
Pages: 213-223.
Alternate Journal: Bone and Mineral, 6
Keywords: Japanese; Hawaiian; disease; health status
Abstract: The bone mineral content (BMC) of the calcancus, and distal and proximal radius was measured by the single photon absorptiometric technique for 2307 US born and 172 Japan born subjects of Japanese ancestry living in Hawaii.

Reference Type: Book
Author: Nordyke, EC; Lee, RKC; Gardner, RW
Year: 1984
Title: A Profile of Hawaii's Elderly Population
Publisher: East-West Center.
City: Honolulu
Keywords: API; cultural competency; health status; demography
Abstract: The elderly, persons of ages 65 and over, represent one of the most rapidly expanding components of Hawaii's population. The elderly reflect the multiracial character of the total population. Japanese, Caucasians, Filipinos, and Chinese have the largest numbers of older persons; the Japanese and Chinese show the highest proportions within their populations.

Reference Type: Journal Article
Author: Northcott, H.C.; Bachynsky, J.A.
Year: 1993

Title: Concurrent Utilization of Chiropractic, Prescription Medicines, Nonprescription Medicines and Alternative Health Care
Journal: Social Science Medicine
Volume: 37
Issue: 3
Pages: 431-435
Keywords: international; alternative medicine; medical services
Abstract: This study examines the use of chiropractic, prescription medicines, nonprescription medicines and alternative health care for 2 independent samples representative of the population of Edmonton, Alberta Canada in 1979 (n=439) and again in 1988 (n=464). While the usage of prescription medicines was unchanged from 1979 to 1988, utilization of non-prescription medicines, chiropractic and alternative health care increased. Users of chiropractic tended to be concurrent users of the conventional health care system, although they were also more likely to utilize alternative health care. This study shows that Edmontonians tend to select their health care concurrently from various health care modalities including both prescription and non-prescription medicines and convention and alternative health care.

Reference Type: Journal Article
Author: Novotny, R; Davis, J; Ross, P; Wasnich, R
Year: 1998
Title: Adiposity and Blood Pressure in a Multiethnic Population of Women in Hawaii
Journal: Ethnic Health
Volume: 3
Issue: 3
Pages: 167-73
Keywords: Filipino; Hawaiian; Japanese; health status
Abstract: To compare the amount and distribution of fat among White, Japanese, Filipino, and Hawaiian women and to investigate associations between measures of adiposity and serum cholesterol and blood pressure. Cross-sectional survey of adiposity, serum cholesterol and blood pressure of 421 volunteer women of White (N=137), Japanese (N=144), Filipino (N=74) and Hawaiian (N=66) ethnicities, age 25-35 years. Higher body fat measures, especially BMI, were associated with higher systolic blood pressure. However, higher subscapular skinfold (upper body) thickness was also associated with higher diastolic blood pressure. Subscapular fatness appears to be especially important among women of Asian ethnicity, Filipino women in particular.

Reference Type: Journal Article
Author: Nydegger, C
Year: 1983
Title: Family Ties of the Aged in Cross-Cultural Perspective
Journal: The Gerontologist,
Volume: 23
Pages: 26-31.
Alternate Journal: The Gerontologist, 23
Keywords: cultural competency
Abstract: Our society has elaborated subsets of these myths about the aged. They are identical to the generic Golden Age and Golden Isles fables, but these idyllic states are specific to the elderly. Because they are widely accepted as fact, these myths warrant an unsentimental scrutiny. This article addresses American myths on aging.

Reference Type: Report
Author: O'Hare, W.P.; Felt, J.C.

Year: 1991
Title: Asian Americans: America's Fastest Growing Minority Group
Institution: Population Reference Bureau, PO Box 96152, Washington DC 20090-6152
Date: February
Type of Work: Population Trends and Public Policy Series
Keywords: API; demography; immigration
Abstract: Between 1980-1989 APIs were the fastest growing minority group in the United States, growing by 80% (from 3.8 million to 6.9 million). Numerically APIs trail Hispanic and black populations. Most of growth is due to immigrants from Southeast Asia. In March 1990 the CPS surveyed 54000 households and targeted APIs (4,316) which enabled an analysis that estimated population nationally but not by geographic location. The 6.6 million figure based on the March 1990 CPS was slightly lower than another Census Bureau 1989 estimate of 6.9 million, which was an independent estimate derived from administrative data and assumptions about births, deaths and immigration. The CPS estimate is based on interviews (a more reliable source).

Reference Type: Newspaper Article
Reporter: Office of Minority Health
Year: 1996
Title: The State of Minority Health: OMH State Representatives Meeting Addresses Managed Care
Newspaper: Closing the Gap
City: Washington, DC
Pages: 1,2
Date: March/April
Keywords: cultural competency; medical services; other (managed care)
Abstract: Issues raised include: (1) the inclusion of minority providers in MCOs; (2) availability of specialists in areas of medicine where minority populations have greater risk; (3) enrollment practices that discourage minority participation; (4) access/MCO use protocols that discourage use for minority patients; and (5) adequate information and education of enrollees and providers about system protocols. Recommendations include: (1) data to monitor utilization patterns by race, national origin, primary language; and (2) community based advisory group to monitor enrollment, access and use issues for consumers.

Reference Type: Report
Author: Office of Multicultural Health
Year: 1993
Title: Cultural and Linguistic Requirements Subgroup: Recommended Standards for the Medi-Cal Managed Care Program
Institution: California Department of Health, Sacramento, CA & California Cultural Competency project, Institute for the Study of Social Change, University of California, Berkeley, CA.
Date: 7 December
Keywords: cultural competency; other (managed care)
Abstract: Forum for input and discussion on provision of culturally competent services for the diverse racial and ethnic population groups of California. Group included consumer advocates and representatives of community clinics, HMOs, and state and local health departments.

Reference Type: Journal Article
Author: Ogawa, N
Year: 1982
Title: Economic Implications of Japan's Aging Population: A Macro-Economic Demographic Modeling Approach

Journal: Aging and Work
Volume: 5
Issue: 2
Pages: 144-145.
Alternate Journal: Aging and Work, 5(2)
Keywords: international; demography; Japanese
Abstract: This article explores the impact of the post-war baby boom population on the Japanese economy.

Reference Type: Journal Article
Author: Oishi, CS; Hoaglund, FT; Gordon, L; Ross, PD
Year: 1998
Title: Total Hip Replacement Rates are Higher among Caucasians than Asians in Hawaii
Journal: Clinical Orthopaedics and Related Research
Volume: Aug
Issue: 353
Pages: 166-174
Keywords: Chinese; Filipino; Hawaiian; Japanese; health status; cultural competency
Abstract: The etiology of hip osteoarthritis remains unknown but may involve genetic or lifestyle factors. Most cases of total hip replacement are performed because of osteoarthritis. To examine possible ethnic differences, hospital records in Hawaii from 1985 to 1989 were reviewed. Preoperative radiographs were reviewed for a subset of patients to ascertain the reason for total hip replacement. Osteoarthritis accounted for a greater percentage of total hip replacements among whites (59% for women and 66% for men) than among Japanese (36% of women and 30% of men). The incidence of total hip replacement for whites was three to 25 times greater than that of other ethnic groups (Japanese, Chinese, Filipino, and Hawaiians). For example, the risk of total hip replacement for white women 40 years to 84 years of age was 4.4%, compared with 1.1% for Japanese women and 1.7% for Chinese women of the same age group. Compared with published data, the incidence was similar for Chinese in Hawaii and San Francisco; however; whites in Hawaii had a total hip replacement incidence less than half that of whites in San Francisco. Lifestyle differences might account for the lower incidence of total hip replacement for whites in Hawaii, compared with those in San Francisco. The lower incidence among Asians suggests a possible genetic basis for osteoarthritis.

Reference Type: Journal Article
Author: Olsen, SJ; Frank-Stromborg, M
Year: 1993
Title: Cancer Prevention and Early Detection in Ethnicaly Diverse Populations
Journal: Seminars in Oncology Nursing
Volume: 9
Issue: 3
Pages: 198-209
Keywords: API; Hawaiian; health promotion/disease prevention; health status; demography; cultural competency
Abstract: This article describes current cancer rates, risks, knowledge, and screening practices for five US subcultures: (1) African Americans, (2) Hispanics, (3) Asian/Pacific Islanders, (4) Native Americans, and (5) native Hawaiians. Recommendations for culturally sensitive risk assessment and screening are made.

Reference Type: Journal Article
Author: Ong, A

Year: 1995
Title: Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship in California
Journal: Social Science Medicine
Volume: 40
Issue: 9
Pages: 1243-57
Keywords: Cambodian; immigration/refugee; medical services; cultural competency
Abstract: This study illustrates that refugee medicine is a mix of good intentions, desire to control diseased and deviant populations, and the exigencies of limited resources which often favor medicalization. Californian clinicians, many of them Asian-Americans, display a deep faith in the efficacy of modern medicine for third world patients so that they can function in the new country. Khmer refugees, in contrast, seek rather specific resources while wishing to elude control over the body and the mind that goes with medical care. I argue that biomedical gaze is not such a diffused hegemonic power but is itself generated by the complex contestation of refugee subjects pursuing their own goals. Clinicians and refugees are equally caught up in webs of power involving control and subterfuge, appropriation and resistance, negotiation and learning that constitute biopolitical lessons of what becoming an American may entail for an underprivileged Asian group.

Reference Type: Report
Author: Orange County Asian and Pacific Islander Community Alliance
Year: 1998
Title: Demographic and Health Status of Asian and Pacific Islander Americans in Orange County
Institution: Orange County Asian and Pacific Islander Community Alliance
Date: September 30, 1998
Keywords: API; demography
Abstract: Report presents 1990 census data on API populations in Orange County which is one of the fastest growing API communities in the US but with marginal community service infrastructure for API older persons who are limited English proficient.

Reference Type: Book
Author: Orque, M. S.; Bloch, B.; Monrroy, L.S.A.
Year: 1983
Title: Ethnic Nursing Care: A Multifultural Approach
Publisher: C.V. Mosby Company
City: St. Louis, MO
Number of Pages: 400
Keywords: cultural competency; medical services; community services; Chinese; Filipinos; Japanese; Vietnamese; American Indian; health promotion
Abstract: This nursing text provides a comprehensive overview of nursing care assessment and treatment issues in caring for ethnic minority persons of all ages.

Reference Type: Journal Article
Author: Osako, MM
Year: 1976
Title: Intergenerational Relations as an Aspect of Assimilation: The Case of Japanese-Americans
Journal: Sociological Inquiry
Volume: 46
Issue: 1
Pages: 67-72.

Alternate Journal: Sociological Inquiry, 46(l)
Keywords: Japanese; cultural competency; family/caregiving/intergenerational
Abstract: The present research investigates the intergenerational living arrangements, interactions, and economic assistance of Japanese Americans. Compared to other groups in America, both first and second generation Japanese-Americans have a stronger desire to be geographically and emotionally close to each other. The preservation of this pattern is made possible by the aged parents' belief in the importance of instrumental self-sufficiency.

Reference Type: Journal Article
Author: Osako, MM; Liu, WT
Year: 1986
Title: Intergenerational Relations and the Aged Among Japanese Americans
Journal: Research on Aging
Volume: 8
Issue: 1
Pages: 128-155
Keywords: Japanese; immigration/refugee; cultural competency; family/caregiving/intergenerational
Abstract: Immigrant groups frequently experience a widening intergenerational gap as the younger generation improves social status. That such ascendancy is accompanied by intergenerational conflict and strain is clearly borne out by the experience of many Japanese Americans. Using data gathered from over 100 pairs of mothers and daughter respondents, this study explores the impact of social mobility of the younger generation of Japanese Americans upon relations with their first-generation parents. Also explored is the subsequent psychological well-being of the older Japanese immigrant, including a look at the structure of their social network.

Reference Type: Book Section
Author: Ozawa, N
Year: 1979
Title: Mental Health Aspects of Pacific Asians
Book Title: Minority Aging Research: Old Issues-New Approaches
Editor: Stanford, EP
Publisher: University Center on Aging, College of Human Services, San Diego State University
City: San Diego, CA
Pages: 261-263
Keywords: API; mental health; other (policy and research)
Abstract: "My discussion deals with how policy and research have influenced mental health, particularly among the Pacific Asian groups which are serviced by the Pacific Asian Preventive Program. To generalize beyond this specific group to all Pacific Asians would be very detrimental. Therefore, in my usage of the term "Pacific Asians" I refer to Japanese, Pilipinos, and Samoans."

Reference Type: Edited Book
Editor: Ozawa, M.N.
Year: 1989
Title: Women's Life Cycle and Economic Insecurity
Publisher: Greenwood Press
City: New York
Number of Pages: 232
Keywords: family/caregiving/intergenerational; other (economic security)
Abstract: This book is about women's life cycle and the growing economic insecurity that the

events in their life cycle create. By illustrating what life-cycle events women go through and how these events cause women's economic insecurity, I believe I can explain why and how women's economic position is deteriorating in relation to that of men. This book argues that the current economic condition of American women is a product of two divergent forces: women's growing economic capability, as evidenced by their greater labor force participation and their penetration - albeit slowly - into better paying jobs, on the one hand, and women's loss of economic benefit derived from sharing households with men, either by their choice or for reasons beyond their control, on the other hand. The net result is that women's economic lot is deteriorating in comparison to that of men. This situation is indeed paradoxical, but seems easy to understand. In years past, when women did not work outside the home but shared financial resources with the men they married, their economic condition stayed the same as that of men, as long as both men and women were alive and lived together.

Reference Type: Journal Article
Author: Pablo, S.; Braun, K.L.
Year: 1997
Title: Perceptions of Elder Abuse and Neglect and Help Seeking Patterns Among Filipino and Korean Elderly Women in Honolulu
Journal: Journal of Elder Abuse and Neglect
Volume: 9
Issue: 2
Pages: 63-76
Keywords: Filipino; Korean; cultural competency; other (elder abuse)
Abstract: The design of culturally-sensitive programs related to elder abuse and neglect requires information on how minorities perceive abuse and neglect and when, and from whom, they would seek help. Unfortunately, research on Asian-American perceptions of and help-seeking for elder abuse is limited. An exception is the research by Moon and Williams (1993) who studied several ethnic groups in Minnesota and found that Korean Americans were less likely than Caucasian and African Americans to label a scenario as abusive or to seek help, especially from formal sources. The current study used the same methodology to begin exploring how Asian-American groups in Honolulu perceived abuse/neglect and sought help. Unexpectedly, the Filipino and Korean respondents in Honolulu gave responses that were more similar to the responses of Caucasians in Minnesota than to the Korean group in Minnesota. Possible reasons are that Asian American minorities had better access to culturally appropriate services than minorities do in mid-western U.S. communities and that members of the Korean and Filipino samples in Hawaii.

Reference Type: Journal Article
Author: Palerm, JV
Year: 1992
Title: Cross-Culture Medicine: A Decade Later -- A Season in the Life of a Migrant Farm Worker in California
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 362-373
Keywords: community services; other (migrant workers)
Abstract: Contrary to the widespread belief that agricultural mechanization and modernization have effectively eliminated the need to employ large numbers of low-wage seasonal farm workers. California continues to rely on the presence of a large and growing number of farm workers who work for extremely low wages and live uncertain lives. The implications for health care services and policies are substantial.

Reference Type: Journal Article
Author: Palmore, E; Whittington, F
Year: 1971
Title: Trends in the Relative Status of the Aged
Journal: Social Forces
Volume: 50
Pages: 84-91.
Alternate Journal: Social Forces, 50
Keywords: demography; cultural competency
Abstract: Does the relative status of the aged tend to decline in industrial society? An affirmative answer to both questions is supported by an analysis of the trends in the gaps between the aged and nonaged in economic, social, and residential indicators. The basic method of analysis is the comparison of similarity indexes from 1940 through 1969.

Reference Type: Journal Article
Author: Palmore, E; Manton, K
Year: 1974
Title: Modernization and Status of the Aged: International Correlations
Journal: Journal of Gerontology
Volume: 29
Pages: 205-210.
Alternate Journal: Journal of Gerontology, 29
Keywords: international; demography
Abstract: This paper is concerned with the relationship between modernization and the status of the aged in society. The analysis includes 31 countries with the available data. Indicators of modernization are gross national product per capita, percentage of labor force in agriculture, percentage literate, etc. Status of the aged is measured by the Equality Index for employment, occupation, and education.

Reference Type: Journal Article
Author: Palmore, E
Year: 1975
Title: What can the US learn from Japan about Aging?
Journal: The Gerontologist
Volume: 15
Pages: 64-67.
Alternate Journal: The Gerontologist, 1 5
Keywords: international; Japanese; cultural competency; family
Abstract: Aging in Japan is almost a mirror image of aging in the United States. Despite high levels of industrialization and urbanization, the Japanese have maintained a high level of respect for their elders and a high level of integration of their elders in the family, work force, and community. While there is considerable prejudice and discrimination against the aged in America, old age is recognized by most Japanese as a source of prestige and honor.

Reference Type: Journal Article
Author: Pang, KY
Year: 1989
Title: The Practice of Traditional Korean Medicine in Washington, DC
Journal: Social Science Medicine
Volume: 28

Pages: 875-884.
Alternate Journal: Social Science Medicine, 28
Keywords: Korean; alternative medicine; medical services/hospitals/doctors; cultural competency
Abstract: Therapeutic relationships between Korean immigrants and their traditional Korean professional physicians, and the role adaptation of these physicians in the United States are discussed.

Reference Type: Journal Article
Author: Pang, KY
Year: 1990
Title: Hwabyang: The Construction of a Korean Popular Illness Among Korean Elderly Immigrant Women in the United States
Journal: Culture, Medicine, and Psychiatry
Volume: 14
Issue: 4
Pages: 495-512.
Alternate Journal: Culture, Medicine, and Psychiatry, 14(4)
Keywords: Korean; immigration/refugee; alternative medicine; mental health; cultural competency
Abstract: The cultural construction of Hwabyang, a Korean culture-bound syndrome, is explored among a sample of 20 elderly Korean immigrant women in the United States. Hwabyung results when distressed emotions associated with the specifically Korean way of perceiving and reacting to intolerable and tragic life situations cause bodily symptoms by interfering with the harmony of "Ki" (vital energy). Korean elderly immigrants report a broad range of symptoms associated with Hwabyung; they less frequently report the epigastric mass, which has been considered the cardinal symptom by cosmopolitan and traditional medical writers. Hwabyung is treated holistically with psychosocial support from family, spiritual comfort, home and popular remedies, traditional Korean medicine, and biomedical treatments. Hwabyung provides a way of conceptualizing and resolving emotional distress through somatization among Korean elderly immigrant women.

Reference Type: Journal Article
Author: Pang, KY; Lee, MH
Year: 1994
Title: Prevalence of Depression and Somatic Symptoms Among Korean Elderly Immigrants.
Journal: Yonsei Medical Journal,
Volume: 35
Issue: 2
Pages: 155-161.
Alternate Journal: Yonsei Medical Journal, 35(2)
Keywords: Korean; immigration/refugee; mental health; cultural competency
Abstract: Perhaps due to the myth that elderly Korean immigrants are taken care of by the younger generation, medical and social science researchers have paid little attention to the physical health, mental health, and social service needs of the population. Several factors contribute to misconceptions about the rate of depression among elderly Korean immigrants partially due to socio-cultural differences between Eastern and Western patients.

Reference Type: Journal Article
Author: Pang, KY
Year: 1998

Title: Symptoms of Depression in Elderly Korean Immigrants: Narration and the Healing Process
Journal: Cultural Medicine and Psychiatry
Volume: 22
Issue: 1
Pages: 93-122
Keywords: Korean; immigration/refugee; mental health; cultural competency
Abstract: This paper explores ways in which depressive symptoms are expressed by elderly Korean immigrants in the USA. Depressed elderly Korean immigrants in the Washington DC area were interviewed in depth to explore their conceptualizations of depression in terms of explanatory models and semantic networks. Findings indicate the construction of somatization among Korean elders is more complex than is generally reported: in most cases, a dynamic, holistic blend of processes appears to operate simultaneously, instead of as somatization in isolation.

Reference Type: Journal Article
Author: Park, KB; Upshaw, HS; Koh, SD
Year: 1988
Title: East Asians' Responses to Western Health Items
Journal: Journal of Cross-Cultural Psychology
Volume: 19
Issue: 1
Pages: 51-64.
Alternate Journal: Journal of Cross-Cultural Psychology, 19(l)
Keywords: Korean; Japanese; Chinese; demography; mental health; health status; immigration/refugee
Abstract: A consistent disparity has been found between interview and self-report data on East Asian mental health. Two hypotheses, incomparability of item content and cultural differences in the social desirability of items, were raised as plausible explanations for the disparity. An empirical test rejected the hypothesis of cultural differences in the social desirability of questionnaire items. With somewhat less confidence, the content incomparability hypothesis is also rejected.

Reference Type: Journal Article
Author: Parker, SL; Davis, KJ; Wingo, PA; Ries, LA; Heath, CW Jr
Year: 1998
Title: Cancer Statistics by Race and Ethnicity.
Journal: CA: A Cancer Journal for Clinicians
Volume: 48
Issue: 1
Pages: 31-48
Keywords: health status; demography; API; disease
Abstract: Key findings on cancer incidence and mortality are presented for five racial and ethnic groups in the United States -- African Americans, American Indians, Asians and Pacific Islanders, Hispanics, and whites. Information on the prevalence of cancer risk factors and screening examinations among these racial and ethnic groups is also included.

Reference Type: Journal Article
Author: Patel, SP; Gaw, AC
Year: 1996
Title: Suicide Among Immigrants from the Indian Subcontinent: A Review.
Journal: Psychiatric Services

Volume: 47
Issue: 5
Pages: 517-21
Keywords: mental health; immigration/refugee; Asian Indian
Abstract: Studies of suicide among immigrants from the Indian subcontinent (India, Pakistan, Bangladesh, and Sri Lanka) were examined to increase awareness of suicide risk and to better understand social and psychological factors contributing to suicide in this group. An online search was conducted of MEDLINE for the years 1966 to 1994 and Psychological Abstracts for the years 1974 to 1994, and all references on population were selected for review. Suicide rates of young women immigrants from the Indian subcontinent are consistently higher than those of their male counterparts and of young women in the indigenous populations of the countries to which they immigrate. Suicide rates among older men in this immigrant group have been reported to be low, although reports are less consistent. Use of violent methods such as hanging, burning, and poisoning is common among both men and women. A disproportionately higher number of immigrant Hindus commit suicide. Family conflict appears to be a precipitating factor in many suicides, whereas mental illness is rarely cited as a cause. Depression, anxiety, and domestic violence may contribute to the high rates. Affective disorders may be underdiagnosed in this population. More research is needed on the epidemiology of psychiatric illnesses and their contribution to suicide in this group.

Reference Type: Journal Article
Author: Patterson, TL; Semple, SJ; Shaw, WS; Yu, E; He, Y; Zhang, MY; Wu, W; Grant, I
Year: 1998
Title: The Cultural Context of Caregiving: A Comparison of Alzheimer's Caregivers in Shanghai, China and San Diego, California
Journal: Psychological Medicine
Volume: 28
Issue: 5
Pages: 1071-84
Keywords: international; Chinese; caregiving
Abstract: Systematic comparisons of the psychological and physical responses of caregivers of Alzheimer's disease (AD) patients in the US and China have not been previously reported. Informal caregivers of community dwelling AD patients in Shanghai, China and demographically-matched non-caregiving Chinese controls were compared with a sample of American caregivers residing in San Diego, California and demographically-matched American controls. Although elderly family members are venerated in the stereotypical Chinese family unit, and informal caregiving of disabled family members is socially mandated, the negative health consequencs of caregiving appear to be similar to those observed among caregivers in the US.

Reference Type: Journal Article
Author: Pawson, L; Janes, C
Year: 1982
Title: Biocultural Risks in Longevity: Samoans in California
Journal: Social Science and Medicine
Volume: 16
Issue: 2
Pages: 183-190.
Alternate Journal: Social Science and Medicine, 16(2)
Keywords: international; Samoan; health status; immigration/refugee; demography; disease
Abstract: This article addresses preliminary results of a pilot study on Samoans, a Pacific Island population of Polynesian descent, that is distributed across environments ranging from traditional communities in Western Samoa through the semi-urban environments of American Samoa. The

range of conditions to which Samoans have become exposed and their large migrant population present several opportunities for examining the effects of environmental change on health.

Reference Type: Newspaper Article
Reporter: Pear, R.
Year: 1998
Title: New Rules to Protect Medicare Patients
Newspaper: Seattle Post Intelligencer
City: Seattle, WA
Pages: A1,!5
Date: 6/22/98
Keywords: cultural competency
Abstract: Health plans must provide services in a culturally competent manner, to all Medicare patients including those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds and physical or mental disabilities. Health plans must try to enroll disabled people, as well as older Americans. About $5,600/year is spent on each Medicare beneficiary for care. There are 38 million Medicare beneficiaries.

Reference Type: Journal Article
Author: Pearson, J.D.
Year: 1992
Title: Attitudes and Perceptions Concerning Elderly Samoans in Rural Western Samoa
Journal: Journal of Cross-Cultural Gerontology
Volume: 7
Issue: 1
Pages: 69-88
Keywords: international; cultural competency; Samoan
Abstract: This article reports results from interviews on attitudes and perceptions of the elderly administered to 137 young adults (aged 18 to 37) and 106 older adults (41-82) in rural Western Samoa, in modernizing American Samoa, and Samoan migrant communities in urban Honolulu. More than 75% of Samoans report that the elderly are respected, obeyed, and consulted on important decisions. However, Samoans in America Samoa and Honolulu report that the status of elderly has declined over the past ten years. Older Samoans in Honolulu emphasize the maintenance of traditional norms rather than changes in the behavior toward the elderly. These findings suggest that attitudes toward elderly Samoans are resistant to social change, but that differences in the social structure and organization of Samoan life in America Samoa and Honolulu may be related to perceptions of decline in the status of the elderly.

Reference Type: Journal Article
Author: Peizel, H
Year: 1977
Title: Japanese Personality-in-Culture
Journal: Culture, Medicine, and Psychiatry
Volume: 1
Pages: 299-315.
Alternate Journal: Culture, Medicine, and Psychiatry, 1
Keywords: Japanese; mental health; cultural competency
Abstract: Comments on The Anatomy of Dependence by T. Doi and Morita Psychology by D. Reynolds. These are different books, both as to approach and in content, the only themes that join them being some concern for mild personality disorders common in Japan, and more broadly for the interaction in "Japanese national character" of cultural and psychological processes.

Reference Type: Book
Author: Peterson, R
Year: 1978
Title: The Elder Filipino
Publisher: Campanile Press, San Diego State University
City: San Diego
Keywords: Filipino; demography; family; community services; cultural competency
Abstract: This study of Pilipino elders was undertaken as an integral part of a larger Cross-Cultural Study on Minority Elders of San Diego County. The study as a whole, extended over a two-year period, 1974 - 1975, and was funded by the Administration on Aging. In addition to Pilipinos, there were seven other populations of minority elders in the project. These included, American Indian, black, Chinese, Guamanain, Japanese, Latino and Samoan elders, age 50 years or more.

Reference Type: Journal Article
Author: Peterson, MR, , ; al, et
Year: 1985
Title: A Cross-Cultural Health Status of Japanese and Caucasian Elders in Hawaii
Journal: International Journal of Aging and Human Development
Volume: 21
Issue: 4
Pages: 267-279.
Alternate Journal: International Journal of Aging and Human Development 21 (4)
Keywords: Japanese; health status; demography; international
Abstract: A study of 1098 Japanese and 873 Caucasians sixty years of age and over from Hawaii State Department of Health data files revealed that better health was predicted not only by younger age, higher family income, and maintenance of work role, but also by Japanese ethnicity. Findings suggest the importance of ethno-cultural supports in health maintenance of the elderly, and have theoretical relevance for the role of culture in health.

Reference Type: Journal Article
Author: Pham, N.T
Year: 1986
Title: The Mental Health Problems of Vietnamese in Calgary: Major Aspects and Implications for Services
Journal: Canada's Mental Health
Issue: December
Pages: 5-9
Keywords: international; Vietnamese; mental health; medical services/hospitals/doctors; immigration/refugee
Abstract: This paper describes mental health problems as perceived by Vietnamese immigrants in Calgary. It is hoped that this small piece of work will help to promote the mutual understanding necessary for the successful integration of the Indo-Chinese refugees in general and the Vietnamese in particular into the mainstream Canadian society.

Reference Type: Journal Article
Author: Phinney, J.S.
Year: 1990
Title: Ethnic Identity in Adolescents and Adults: Review of Research
Journal: Psychological Bulletin

Volume: 108
Issue: 3
Pages: 499-514
Keywords: cultural competency; mental health
Abstract: Ethnic identity is central to the psychological functioning of members of ethnic and racial minority groups, but research on the topic is fragmentary and inconclusive. This article is a review of 70 studies of ethnic identity published in referred journals since 1972. The author discusses the ways in which ethnic identity has been defined and conceptualized. The components that have been measured, and empirical findings. The task of understanding ethnic identity is complicated because the uniqueness that distinguishes each group makes it difficult to draw general conclusions. A focus on the common elements that apply across groups could lead to a better understanding of ethnic identity.

Reference Type: Journal Article
Author: Pigg, S.L.
Year: 1995
Title: Acronyms and Effacement: Traditional Medical Practitioners (TMP) in International Health Development
Journal: Social Science Medicine
Volume: 41
Issue: 1
Pages: 47-68
Keywords: alternative medicine, Nepalese; international
Abstract: International development draws on a globalized vision of 'traditional medicine' when constructing country-specific programs that use local practitioners to further health objectives. This paper looks at the tension between this mobile notion of the 'traditional' and the local social ground. Categories such as tradition birth attendant (TBA) and TMP emerge from a process of translation that links local realities to development in specific ways. Examination of training programs for two kinds of 'indigenous practitioners' in Nepal - bith attendants and shamans - shows that various Nepalese specialists are constructed as TBAs and TMPs in a discursive process that emphasizes some differences while eliding others. The acronyms TBA and TMP encapsulate numerous acts of translation through which diverse local practices are subsumed into an overarching development framework. The many layers of this process include: how 'traditional healers' are understood in international health policy; how, in national planning, these conceptions are made to fit with existing Nepalese healers; and how research on 'local ideas and practices' becomes authoritative knowledge about 'traditions', which then in turn, form a basis for the planning and implementation of training programs.

Reference Type: Journal Article
Author: Pinhey, TK; Heathcote, GM; Craig, UK
Year: 1997
Title: Health Status of Diabetic Persons in an Asian-Pacific Population: Evidence from Guam
Journal: Ethnic Diversity
Volume: 7
Issue: 1
Pages: 65-71
Keywords: international; Guamanian; health status
Abstract: The goal of this study was to document the sociodemographic, physical, and psychosocial health characteristics of self-reported diabetic Asian-Pacific Americans in Guam. Data from Guam's 1991 Behavioral Risk Factor Survey were analyzed using analysis variance. The results of this study indicated significant differences in the health status of diabetic and nondiabetic Asian-Pacific persons in Guam and extends our understanding of the health

characteristics and service needs of this rapidly growing and under-studied population.

Reference Type: Book Section
Author: Plath, DW
Year: 1972
Title: Japan: The After Years
Book Title: Aging and Modernization
Editor: Cowgill, D; Holmes, L
Publisher: Appleton-Century-Croft.
City: New York
Pages: 133-150
Keywords: international; cultural competency; Japanese
Abstract: *Obsatue* does not appear in our usual stereotypes of aging in Japan. As one of our favored vehicles for wish projection, Japan also carriers some of our visions of the golden pastures. We know that it is not Shangri-la, where time's arrow has been stopped, but we would like to believe that it is a land where (unlike our own) custom has equipped men to live after years in dignity, not indignantly. The Confucian precepts, were they scrupulously observed, no doubt would provide older Japanese with some consolations not available to those who come of older age in other cultures. But the Confucian code is enfeebled these days. And in any case it could not exempt Japanese from the social issues of a swelling old-age population, or even, perhaps, from the sense of planned obsolescence that has become the fate of people as well as products in economies of industrial plenty. Many if not most Japanese today do not - to borrow a line from Dylan Thomas - go gentle into that good night.

Reference Type: Journal Article
Author: Plath, D
Year: 1977
Title: Ecstasy Years - Old Age in Japan
Journal: Pacific Years
Volume: 46
Issue: 3
Pages: 421-429.
Alternate Journal: Pacific Years, 46 (3),
Keywords: Japanese; cultural competency; health status; caregiving
Abstract: "Ecstasy years" has become a fashionable euphemism for senile decay. Although the percentage of elderly in Japan (8.8 percent in 1980) is one-half the figure for North European nations, the life expectancy and the rate of increase of the aged population there are among the highest in the world. Problems seem greatest for the very old. Their increased dependency in the light of new demands on family caregivers has led a growing number of the aged to pray for a quick death in Buddhist temples.

Reference Type: Report
Author: Policy Office for the Aged
Year: 1982
Title: Summary Data on Aging in Japan
Institution: Policy Office for the Aged, Prime Minister's Secretariat
Keywords: international; Japanese; demography; health status
Abstract: This is a policy report containing extensive demographic information as well as Japan's policies on health and medical care, social welfare, income security program, employment, education and training, housing, information and other relevant topics.

Reference Type: Journal Article
Author: Posadas, BM
Year: 1986-1987
Title: At a Crossroad: Filipino American History and the Older Timers' Generation
Journal: Amerasia Journal,
Volume: 12
Issue: 1
Pages: 85-97.
Alternate Journal: Amerasia Journal, 12(l)
Keywords: Filipino; immigration; cultural competency
Abstract: This article examines the pre-1935 migrants to the U.S. from the Philippines that call themselves the "old timers". As a group the old-timers arrived in their youth searching for the keys to a better life. Few sought permanent settlement but, over time, found themselves living out their lives in America. The depression brought with it a racist attitude toward this immigration wave.

Reference Type: Newspaper Article
Reporter: Post, Washington
Year: 1997
Title: Hate Crimes on Asians are on Rise, Group Finds
Newspaper: Boston Globe
City: Boston, MA
Pages: A15
Date: 9 September
Keywords: Asians; other (hate crimes)
Abstract: The article reports that hate crimes rose to 17% in 1996 with 534 confirmed incidents (458 incidents in 1995). The crimes were mostly in the form of vandalism and assault. A 27-page report from the National Asian Pacific American Legal Consortium cited 500 incidents against Asians. This rise is attributed to anti-immigrant attitudes marked by the restrictive immigration reform bill, welfare legislation denying benefits to legal immigrants, and "general anti-minority rhetoric."

Reference Type: Journal Article
Author: Press, I; McKool, M
Year: 1972
Title: Social Structure and Status of the Aged: Toward Some Valid Cross-Cultural Generalizations
Journal: Aging and Human Development
Volume: 3
Pages: 297-306.
Alternate Journal: Aging and Human Development, 3
Keywords: international; cultural competency
Abstract: Through an examination of social structural elements in Meso-American peasant communities, six "structural determinants" of status of the aged were derived. These are almost identical with determinants derived from a number of cross-cultural sources. It is suggested that these determinants have universal validity, and that status of the aged in all societies is dependent upon them.

Reference Type: Journal Article
Author: Quisenberry, WB; Bruyere, PT; Rogers, M
Year: 1970

Title: Ethnic Differences in Cancer in Hawaii
Journal: Progress in Clinical Cancer
Volume: 4
Pages: 48-61.
Alternate Journal: Progress in Clinical Cancer, 4
Keywords: Japanese; Hawaiian; disease; demography
Abstract: Ethnic differences and observations regarding sociocultural factors as they may be related to the epidemiology of cancer in Hawaii will be presented. The data included here were obtained from an 8 year study of hospital records covering the years 1947-1954 and from the Hawaii Tumor Registry for the 5 year period 1960-1964. An effort will be made to show changes which appear to have occurred between the two study periods in three common primary sites -- stomach, lung, and breast.

Reference Type: Journal Article
Author: Raffoul, PR; Haney, CA
Year: 1989
Title: Interdisciplinary Treatment of Drug Misuse Among Older People of Color: Ethnic Considerations for Social Work Practice
Journal: Journal of Drug Issues
Volume: 19
Issue: 2
Pages: 297-313.
Alternate Journal: Journal of Drug Issues, 19(2)
Keywords: cultural competency; other (drug misuse)
Abstract: Drug misuse involves the interaction of individual, physician, pharmacist and the drugs themselves; when ethnicity is included in this definition, information about cultural heritage of the individual and what health and illness mean within that culture for that particular individual must be included to fully understand their drug-taking behavior. A model of interdisciplinary treatment of drug misuse for practitioners, who work primarily with noninstitutionalized older persons of color is presented. Being ethnically sensitive to individual differences is a first step in treating the older minority persons' drug misuse; with this sensitivity comes the knowledge of what objective differences are most important to consider in preventing drug misuse among all people, particularly older people of color.

Reference Type: Journal Article
Author: Rahman, O.; Strauss, J.; Gertler, P.; Ashley, D.; Fox, K.
Year: 1994
Title: Gender Differences in Adult Health: An International Comparison
Journal: The Gerontologist
Volume: 34
Issue: 4
Pages: 463-469
Keywords: international; health status
Abstract: This article uses data from the United States, Jamaica, Malaysia, and Bangladesh to explore gender differences in adult health. The results show that women fare worse than men across a variety of self-reported health measures in all four countries studied. These health status disparities between men and women persist even after appropriate corrections are made for the impact of (a) differential mortality selection by gender and (b) sociodemographic factors. Data from Jamaica indicate that gender disparities in adult health arise early and persist throughout the life cycle, with different age profiles for different measures.

Reference Type: Journal Article
Author: Ramakrishna, J.; Weiss, M.G.
Year: 1992
Title: Health, Illness, and Immigration: East Indians in the United States
Journal: The Western Journal of Medicine
Volume: 157
Issue: 3
Pages: 264-270
Keywords: East Indian; alternative medicine; health promotion; cultural competency
Abstract: East Indian immigrants to the United States represent the diversity in religion, language, and culture that exists in India, so it is difficult to make unequivocal statements about their health beliefs and behaviors. Despite the diversity, an understanding of *Ayurvedic* humoral concepts of health and illness provides a key to some pervasive and persistent ideas and practices. India has a pluralistic medical system in which Western medicine, which is increasingly popular for some ailments, is one option among many. Even those who are familiar with the 'western' medical system in India may find American medicine alien.

Reference Type: Book
Author: Randall-David, E.
Year: 1989
Title: Strategies for Working with Culturally Diverse Communities and Clients
Publisher: Association for the Care of Children's Health
City: Washington, D.C.
Edition: Developed by the Comprehensive Hemophilia Program of the Bowman Gray School of Medicine, Winston-Salem, NC
Keywords: cultural competency
Abstract: Includes sensitivity exercises, provides information about working in culturally diverse communities, differences in health beliefs and practices, and a limited bibliography.

Reference Type: Journal Article
Author: Reed, D; McGee, D; Cohen, J; al, et
Year: 1982
Title: Acculturation and Coronary Heart Disease Among Japanese Men in Hawaii
Journal: American Journal of Epidemiology
Volume: 115
Pages: 894-905.
Alternate Journal: American Journal of Epidemiology, 11 5
Keywords: Japanese; disease
Abstract: A cohort of 4653 men of Japanese ancestry living in Hawaii, with traditional Japanese social and cultural lifestyles, were studied for the association of the prevalence and incidence of coronary heart disease (Honolulu Heart Program, 1971-1979). Two of four scales of acculturation were significantly associated with coronary heart disease prevalence independently of 11 other risk factors, but none of the acculturation scales were associated with incidence in multivariate analyses. The difference in findings between prevalence and incidence appeared to be mostly due to the inclusion of fatal cases in the incidence data, although other explanations are possible. Measures of acculturation were also significantly associated with many of the other coronary heart disease risk factors in such a way that the more traditional Japanese men had lower serum cholesterol and uric acid, were less obese, more physically active, and smoked fewer cigarettes than the more westernized men. A comparison of bivariate and multivariate analyses indicated that some of the acculturation scales were indirectly associated with coronary heart disease because of the confounding association with the other risk factors.

Reference Type: Journal Article
Author: Reed, D. ; McGee, D. ; Yano, K.
Year: 1982
Title: Biological and Social Correlates of Blood Pressure Among Japanese Men in Hawaii
Journal: Hypertension
Volume: 4
Issue: 3
Pages: 406-413
Keywords: Japanese; health status; disease
Abstract: A cohort of more than 8000 Japanese men living in Hawaii was studied for factors associated with blood pressure levels, with an emphasis on biological and sociocultural variables. Bivariate and multivariate analyses of more than 50 variables indicated that obesity, age, hematocrit, heart rate, forced vital capacity, serum triglyceride, serum uric acid, cigarette consumption, and family history of hypertension were independently associated with both cross-sectional levels and longitudinal changes in blood pressure. Serum glucose and alcohol consumption were associated with cross-sectional levels only. There was little evidence of association for specific dietary items, type of diet, diet changes, or use of salt. Furthermore, there was no support for the psychosocial hypotheses of elevated blood pressure from the stress of migration, acculturation, or status incongruity.

Reference Type: Journal Article
Author: Reed, P D; McGee, D; Yano, K; al, et
Year: 1983
Title: Social Networks and Coronary Heart Disease Among Japanese Men in Hawaii
Journal: American Journal of Epidemiology
Volume: 117
Pages: 384-396.
Alternate Journal: American Journal of Epidemioloqy, 11 7
Keywords: Japanese; disease
Abstract: A group of 4653 men of Japanese ancestry living in Hawaii were studied for the association of measures of social networks with both the prevalence and incidence rates of coronary heart disease (Honolulu Heart Program, 1971-1979). Prevalence rates for myocardial infarction, angina, and total coronary heart disease were inversely associated with the social network scales in bivariate analyses with age, and in multivariate analyses including 12 other risk factors. With the incidence data, the associations were less evident. Bivariate analysis with age revealed inverse associations for nonfatal myocardial infarction and total coronary heart disease with only one of the social network scales. With multivariate analyses, there was no significant association of any subgroup of coronary heart disease with any scale, although there was bordeline association ($p=0.08$) of nonfatal myocardial infarction with one scale. No individual question was significantly associated with either prevalence or incidence rates for coronary heart disease. There was also little evidence of reduced risk incident coronary heart disease associated with the social network scale for men in high risk categories of serum cholesterol, blood pressure and cigarette smoking.

Reference Type: Journal Article
Author: Reed, D.; Feinleib, M.
Year: 1983
Title: Changing Patterns of Cardiovascular Disease in the Pacific Basin: Report of an International Workshop
Journal: Journal of Community Health
Volume: 8

Issue: 3
Pages: 182-205
Keywords: international; disease; demography
Abstract: In January 1982 the National Heart, Lung, and Blood Institute (NHLBI) sponsored an international workshop on changing patterns of cardiovascular disease in the Pacific Basin. The program included presentations on current trends of cardiovascular disease incidence and mortality rates, the available data concerning known risk factors associated with cardiovascular disease, and guided discussions of specific research questions which needed to be examined. Final discussions emphasized the special opportunities for cardiovascular disease epidemiology provided by the rapid changes in urbanization, industrialization, and migration which, in turn, have led to dramatic changes in diet, physical activity, social interactions, and lifestyle habits in general. This report provides a summary of the proceedings of this workshop. A list of the participants and their affiliations is included in the Appendix, and an annotated bibliography of recent studies is available upon request.

Reference Type: Journal Article
Author: Reed, D; McGee, D; Yano, K; & Hankin, J
Year: 1985
Title: Diet, Blood Pressure, and Multicollinearity
Journal: Hypertension
Volume: 7
Pages: 405-410.
Alternate Journal: Hypertension, 7.
Keywords: Japanese; disease
Abstract: Recent reports of an inverse association between dietary calcium intake and hypertension stimulated this analysis of the relationship of blood pressure to more than 20 dietary factors among a group of 8000 Japanese men in Hawaii. Reported intakes of potassium, calcium, protein, and milk were all inversely associated with blood pressure levels when examined one at a time while controlling for other risk factors. Alcohol intake was directly associated with blood pressure, and was treated as a confounding variable in the analysis. The association of potassium intake with blood pressure was relatively stronger than the associations for other nutrients, but the intake of potassium was so highly correlated with intakes of calcium, milk, and protein that it was not statistically possible to identify the independent association of potassium and blood pressure. Calcium intake was strongly correlated with milk and potassium intakes, and only calcium from dairy sources was associated with blood pressure. These data thus indicate that several dietary factors are inversely related to blood pressure levels independently of other risk factors such as age, body mass, and alcohol intake. The high degree of intercorrelation (multicollinearity) among these dietary factors, however, indicates that the independent role of any specific nutrient cannot be conclusively separated from the possible effects of other nutrients in this type of study.

Reference Type: Journal Article
Author: Reed, D.; Benfante, R.
Year: 1985
Title: Predictors of Health in Men of Japanese Ancestry in Hawaii
Journal: Hawaii Medical Journal
Volume: 44
Issue: 8
Pages: 307-308
Keywords: Japanese; disease; health status
Abstract: A cohort of more than 5,000 men of Japanese ancestry, aged 46-69 and free of chronic disease at entry examination, were studied for factors associated with remaining free of

major chronic diseases during a 12-year follow-up period. More than 2,200 disease free men were compared with 2,749 individuals who developed coronary heart disease (CHD), stroke, cancer or a variety of other chronic diseases This study suggests that the choice of individuals who remain free of disease as a "standard" for health can facilitate the evaluation of risk factors for both total illness and a broad range of specific chronic diseases in a single population.

Reference Type: Journal Article
Author: Rhoads, GG; Gulbransen, CL; Kagan, A
Year: 1976
Title: Serum Lipoproteins and Coronary Heart Disease in a Population Study of Hawaii Japanese Men
Journal: The New England Journal of Medicine
Volume: 294
Issue: 6
Pages: 293-298
Keywords: Japanese; disease
Abstract: To ascertain the frequency of defined hyperlipoproteinemia and to investigate the relationship between lipoprotein fractions and coronary heart disease, we measured serum lipoprotein cholesterol levels in a population based sample of Hawaii Japanese men 50 to 72 years old. Type II hyperlipoproteinemia was present in 3 per cent of 1,859 men, and Type IV in 26 per cent. Relative risks for coronary heart disease, based on 264 prevalence cases, were found to be 1.8 and 0.46, between the upper and lower quartiles of total, beta, and alpha cholesterol, respectively. We found no significant relation between triglyceride and coronary heart disease. The inverse relation of alpha cholesterol to prevalence of coronary heart disease was independent of beta cholesterol, obesity, and other factors. The data suggest the need for further evaluation of the protective effect of the alpha lipoprotein fraction on the development of coronary heart disease.

Reference Type: Journal Article
Author: Rhoads, EC; Holmes, LD
Year: 1981
Title: Mapuifagalele, Western Samoa's Home for the Aged -- A Cultural Enigma
Journal: International Journal of Aging and Human Development
Volume: 13
Issue: 2
Pages: 121-135
Keywords: international; nursing homes; family/caregiving/intergenerational; Samoan
Abstract: Mapuifagalele is Polynesia's first home for the aged, and why it exists at all is something of a mystery. Although Samoan families emphatically insist that they can and do provide for their own aged (and in fact suffer loss of face if they do not), this institution is full to overflowing and there is a waiting list. The article discusses the origin and function of this residence for the aged and explores the changing life style, economic patterns and world view that makes its existence possible and even necessary.

Reference Type: Journal Article
Author: Rhoads, GG; Feinleib, M
Year: 1983
Title: Serum Triglyceride and Risk of Coronary Heart Disease, Stroke, and Total Mortality in Japanese-American Men
Journal: Arteriosclerosis
Volume: 3
Issue: 4

Pages: 316-322
Keywords: Japanese; American; disease
Abstract: The role of serum triglycerie as a risk factor for coronary heart disease (CHD), stroke, and total mortality was examined in men of Japanese ancestry who were 45 to 78 years old. During the first 10 years following a baseline nonfasting triglyceride determination, there were 490 incidence cases of CHD in 7615 men at risk. Average annual incidence rates were 2.1 times higher in men with nonfasting values above the 75th percentile (279 mg/dl) than in those under the 25th percentile (129 mg/dl, $p<0.001$). This association largely disappeared when associations of triglyceride with other CHD risk factors were accounted for.

Reference Type: Journal Article
Author: Roberto, K.A.; Stroes, J.
Year: 1992
Title: Grandchildren and Grandparents: Roles, Influences, and Relationships
Journal: International Journal of Aging and Human Development
Volume: 34
Issue: 3
Pages: 227-239
Keywords: family/caregiving/intergenerational
Abstract: The changing structure of our population has resulted in a greater number of three- and four-generation families. Within the family, the opportunity to experience a variety of roles, for a longer period of time, has also increased. An example of an expanding position within the family is that of grandparent. Today, 94% of all older adults with children are grandparents and nearly 50% are great-grandparents. This study explored the significance of grandparents in the lives of young adult grandchildren. A convenience sample of 142 college students completed a questionnaire that examined four areas: (1) frequency of activities, (2) value development, (3) relationship solidarity, and (4) role conception. While current interactions with grandparents were infrequent, grandchildren did perceive their grandparents, and their grandmothers in particular, as influential in their value development. Grandchildren reported stronger relationships with grandmothers than with grandfathers. Differences in participation, value development, and relationships were also found in accord with the role in which grandchildren conceptualized grandparents.

Reference Type: Journal Article
Author: Robey, B.
Year: 1985
Title: America's Asians
Journal: American Demographic
Issue: May
Keywords: API; demography
Abstract: Describes the growth of API populations in the U.S.

Reference Type: Journal Article
Author: Rogers, A.; Watkins, J.
Year: 1987
Title: General Versus Elderly Interstate Migration and Population Redistribution in the United States
Journal: Research on Aging
Volume: 9
Issue: 4
Pages: 483-529

Keywords: demography; other (US migration)
Abstract: Describes recent patterns of interstate migration in the United States for the general population and contrasts them with those of the elderly population. An analysis of age-specific migration rates, of multiregional life tables, and of population projections illuminates the process of interregional redistribution of both populations and supports the findings of studies of elderly migration that have identified the remarkably dominant position held by the three retirement destination states of Florida, California, and Arizona.

Reference Type: Journal Article
Author: Rogers, G.
Year: 1995
Title: Educating Case Managers for Culturally Competent Practice
Journal: Journal of Case Management
Volume: 4
Issue: 2
Pages: 60-65
Keywords: cultural competency, community services
Abstract: This article provides a rationale for incorporating cultural competence into case management practice and examines the content required in educational programs for preparing case managers with appropriate and relevant knowledge, values, and skills. Cultural competence and related concepts are defined and applied in the context of case management. A number of required skills for educating case managers for culturally competent practice are presented. Becoming culturally competent is a developmental process involving self-awareness, understanding others from a cultural frame of reference, and acquiring the skills to provide culturally relevant and culturally sensitive practice. Skills for culturally competent case managers include: (1) ability to be self aware; (2) ability to identify difference as an issue; (3) ability to accept others; (4) ability to individualize and generalize; and (5) ability to advocate.

Reference Type: Journal Article
Author: Rosenblatt, KA; Weiss, NS; Schwartz, SM
Year: 1996
Title: Liver Cancer in Asian Migrants to the United States and their Descendents
Journal: Cancer Causes Control
Volume: 7
Issue: 3
Pages: 345-350
Keywords: Chinese; Filipino; Japanese; immigration/refugee; disease
Abstract: The incidence of primary liver cancer in Chinese, Japanese, and Filipino migrants to the United States and their descendants is compared with that of United States-born Whites. Incident liver cancer cases were ascertained between 1973 and 1986 from population-based cancer registries serving the San Francisco/Oakland (CA) metropolitan area, 13 counties of western Washington, and Hawaii. The population of these three areas, with regard to age, race, and country of birth, was estimated from a special tabulation of the 1980 US census. Rates of primary liver cancer were higher for men born in Asia than Asian men born in the US, who, in turn, had higher rates than did US Whites (respective annual rates per 100,000: Chinese, 26.5 and 9.8; Japanese, 16.5 and 6.6; Filipinos, 11.4 and 6.5; US Whites, 3.4). Among Asian American women, the trends were not as consistent (respective annual rates per 100,000: Chinese, 2.2 and 3.7; Japanese, 1.9 and 1.4; Filipino, 2.6 and 0; US Whites, 1.1). In general, liver cancer incidence among Asian Americans was lower than among residents of Asia. These findings are compatible with substantial variation among Asians in the prevalence of one or more etiologic factors for liver cancer, such as hepatitis-B infection and afla toxin consumption, in relation to residence and place of birth.

Reference Type: Report
Author: Ross, J.L.
Year: 1995
Title: SSI: Recent Growth in the Rolls Raises Fundamental Program Concerns
Institution: Government Accounting Office, Washington DC
Date: January 27
Type of Work: Testimony before the Subcommittee on Human Resources, Committee on Ways & Means, House of Representatives
Report Number: GAO/T-HEHS-95-67
Keywords: immigration/refugees; other (policy)
Abstract: Cites the growth in number of immigrants on SSI, particularly aged programs and offer reasons for growth (p5-9) More than 60% of immigrants in SSI got aged benefits, within the aged program, 28% were immigrants, the number of immigrants admitted has increased steadily over the years including the effects of the amnesty program in 1986. More aged immigrants admitted as part of the family reunification policy even through families sign an affidavit of support for 3 years - 25% of lawful permanent residents receiving SSI applied for benefits within a year of the 3-year period (some may be immigrants without SSA quarters/benefits). Between 1994-1996 the deeming requirements for SSI for immigrants changed from 3 to 5 years of sponsor's income considered as part of the individual's income.

Recommends review of length of sponsorship responsibility for immigrants (more years). (p12)

Reference Type: Journal Article
Author: Ross, GW; Abbot, RD; Petrovitch, H; Masaki, KH; Mudaugh, C; Trockman, C; Curb, JD; White, LR
Year: 1997
Title: Frequency and Characteristics of Silent Dementia Among Elderly Japanese-American Men. The Honolulu-Asia Aging Study
Journal: Journal of the American Medical Association
Volume: 277
Issue: 10
Pages: 800-5
Keywords: mental health; Japanese; health promotion/disease prevention
Abstract: To determine the frequency of unrecognized dementia in a group of men found to have dementia by population survey, and to identify factors associated with the failure of a family informant to recognize significant memory impairment. The Honolulu-Asia Aging Study, a population-based study of dementia among elderly Japanese American men living on the island of Oahu, Hawaii. Data for this study were from the dementia prevalence survey, 1991-1993. A total of 191 noninstitutionalized men with dementia who had a reliable family informant were studied. The study found that unrecognized dementia was common in our population, especially among mild cases. Cognitive screening programs fro the elderly and public education policies designed to increase awareness of early signs of dementia are needed if interventions for individuals with potentially treatable dementias are to be implemented.

Reference Type: Journal Article
Author: Rubenstein, R.L.
Year: 1986
Title: What is 'Social Integration of the Elderly' in Small-Scale Society?
Journal: Journal of Cross-Cultural Gerontology
Pages: 391-409
Keywords: international; cultural competency

Abstract: Social integration of the elderly is a key analytical concept in both Western social and cross-cultural gerontology. While generally understood to describe the fit between the elderly and society in industrial nations, this construct should have utility for Third World socities as well. I argue that the concept is useful insofar as we clarify several antecedent considerations. these are, specification of (1) the model of integration being used; (2) other social distinctions besides age which affect the elderly; (3) the analytical level used; (4) underlying values leading to or away from integration; and (5) the feverent moment of time for society. These notions are discussed with reference to old age in one small-scale Melanesian society, Malo, Vanuatu.

Reference Type: Journal Article
Author: Rudkin, L.
Year: 1994
Title: Dependency Status and Happiness with Old Age on Java
Journal: The Gerontologist
Volume: 34
Issue: 2
Pages: 217-223
Keywords: international; cultural competency; family/caregiving/intergenerational; Java
Abstract: Using data from a survey of elderly persons on Java, we investigate the prevalence of dependency states (functional, economic, residential) and the implications of dependency status for happiness with old age. Whereas being dependent is common in the later years, many older persons still have dependents. Dependency on kin is not a negative situation in this context, but having economic dependents appears to be burdensome. Gender, being able to provide an inheritance, and rural-urban residence moderate the relationship between dependency status and happiness.

Reference Type: Journal Article
Author: Rumbaut, R
Year: 1985
Title: How Well are Southeast Asian Refugees Adapting?
Journal: Business Forum
Volume: 10
Issue: 4
Pages: 26-31.
Alternate Journal: Business Forum, 10 (4)
Keywords: SE Asian; cultural competency; immigration/refugee; demography
Abstract: San Diego now has one of the largest concentrations of Southeast Asian refugees in the United States, and net migration into the area continues to increase. The project director reports on the preliminary findings of a three-year study to explore the characteristics of these refugees and how well they are adapting to their situation.

Reference Type: Journal Article
Author: Sakai, A
Year: 1987
Title: Nursing Home Populations, Then and Now
Journal: Hawaii Medical Journal
Volume: 46
Issue: 11
Pages: 433-434.
Alternate Journal: Hawaii Medical Journal, 46 (11).
Keywords: nursing homes

Abstract: A brief comparison of where Hawaii stands with respect to nursing homes in relationship to other states of interest. The study covers 11 areas of measurement and asks pertinent questions.

Reference Type: Book Section
Author: Sakauye, KM
Year: 1989
Title: Ethnic Variations in Family Support of the Frail Elderly
Book Title: Family Involvement in Treatment of the Frail Elderly
Editor: Zucker-Goldstein, M
Publisher: American Psychiatric Press.
City: Washington, DC:
Pages: 63-106
Keywords: family; cultural competency
Abstract: Observable differences among peoples have led to considerations of ethnicity and race to help define normal health and treatment of disease. Similar attempts have been made to define the relationship between ethnicity and support networks for the frail elderly and the differential use of formal services. Unfortunately, stereotyping people by highly visible characteristics has often been seen as a rationalization for racism and preconceptions. The underlying cause of observed differences in caregiving among races becomes a crucial factor in trying to determine the need for intervention and the most effective treatment approaches.

Reference Type: Journal Article
Author: Sakauye, K.
Year: 1992
Title: The Elderly Asian Patient
Journal: Journal of Geriatric Psychiatry
Volume: 25
Issue: 1
Pages: 85-104
Keywords: API; family/caregiving/intergenerational; cultural competency; mental health
Abstract: Clinical lore often views elderly Asians as people with few mental health problems largely because of strong family ties that buffer them against stress. These stereotypes, however, often are false. One common stereotype about Asian elderly is the belief that intergenerational solidarity persists and promotes the value of respect for the elders and norms of family closeness. Many assume that Asian families are likely to provide care within the family for frail elderly and serve as a buffer for them against outside stress rather than let them use formal services. In reality, family solidarity actually may be strained between the immigrant generation and their children because of the stresses of acculturation. Many of the stereotypical personality traits associated with Asian people, such as passivity, deference to authority, and external locus of control may bear a stronger association to learned helplessness or psychological defense rather than to culture alone.

Reference Type: Book Section
Author: Sakauye, KM; & Chacko, RC
Year: 1994
Title: Issues in the Psychiatric Care of Asian/Pacific American Elders
Book Title: Ethnic Minority Elderly: A Task Force Report of the American Psychiatry Association
Editor: Association, American Psychiatric
Publisher: American Psychiatric Association.
City: Washington, DC

Pages: 115-147
Keywords: mental health; API
Abstract: Asian ethnic groups are highly diverse in culture and life-style. However, most articles on Asian/Pacific American mental health do not distinguish the study population by ethnicity, age, immigrant status, language competency or social class. Almost no clinical literature exists on elderly Asian ethnic groups, with the exception of limited mental health studies of Japanese, Korean, and Chinese elderly.

Reference Type: Journal Article
Author: Salcido, RM; Nakano, CJue, S
Year: 1980
Title: The Use of Formal and Informal Health and Welfare Services of the Asian-American Elderly: An Exploratory Study
Journal: California Sociologist
Volume: 3
Issue: 2
Pages: 213-229.
Alternate Journal: California Sociologist, 3 (2)
Keywords: Chinese; Filipino; Japanese; Korean; community services; medical services/hospitals/doctors; cultural competency
Abstract: A cross cultural exploratory study was designed to gain information specific to four ethnic groups for the purpose of tailoring social services for the elderly to each distinctive culture. The four Asian elderly subgroups were the Japanese, Chinese, Pilipino (also known as Filipino), and Korean. The specific objectives were these: (1) to obtain information on the socioeconomic conditions among the four groups, (2) to learn where they seek assistance for their health needs, and (3) to discover how the Asian elderly perceive their problems of aging. In general, the data showed that Asian elderly are inclined to use formal health and welfare services that are sensitive to their needs and that are located in the neighborhood. To insure that the Asian elderly have access to services, outreach provisions should be incorporated into the programs of public welfare agencies. Nearly three fourths of the total sample still speak only the language of the country from which they migrated. Therefore, bilingual social workers and service workers are needed.

Reference Type: Book Section
Author: Sanborn, B.; Bould, S.
Year: 1991
Title: Intergenerational Caregivers of the Oldest Old
Book Title: Families: Intergenerational and Generational Connections
Editor: Pfeifer, S.K.; Sussman, M.B.
Publisher: Haworth Press
City: Binghamton, NY
Pages: 125-142
Keywords: family/caregiving/intergenerational
Abstract: Intergenerational family ties are a critical caregiving resource for people 85 and older -- the oldest old. This segment of the population has the highest potential for functional disability and, thus, the greatest need for caregiver support. The oldest old also are the fastest growing segment of the population, a condition that will continue well into the next century. Since family caregivers are the bulwark against unnecessary institutionalization and most costly forms of care, there is an urgent need to bolster the strengths of existing caregivers, and to encourage new helpers to join their ranks. It is useful to analyze caregivers from the family system perspective. It is important to consider caregiving in the context of past history, expectations, and role relationships, as well as feelings of inadequacy and loss. It is essential to avoid stereotyping

families as autonomous and independent versus dependent and in need of help. A need for help at various stages in family life is not a sign of inadequacy.

Reference Type: Book
Author: Scannell, A
Year: 1989
Title: Targeting Outreach to Ethnic Minority Elderly: A Study of the AAA Contracting Agencies and Aging Services Division Branch Offices in Multnomah County, Oregon.
Publisher: Institute on Aging, Portland State University.
City: Portland, OR
Keywords: cultural competency; community services
Abstract: Outlines efforts of an area agency on aging in Oregon to respond to the growing diversity of the older adult population in their service area.

Reference Type: Edited Book
Editor: Schulz, J.H.; Davis-Friedmann, D.
Year: 1987
Title: Aging China: Family, Economics, and Government Policies in Transition
Publisher: Gerontological Society of America
City: Washington, D.C.
Number of Pages: 330
Keywords: Chinese, international
Abstract: Descriptive analysis of modern China and its institutional capability to respond to its growing aging population.

Reference Type: Journal Article
Author: Schwitters, SY
Year: 1980
Title: Young Thoughts on the Old
Journal: Aging
Volume: 309-310
Pages: 8-13.
Alternate Journal: Aging, 309-310
Keywords: cultural competency; family/intergenerational
Abstract: Aware of the importance of preserving cultural traditions and the benefits of the intermingling of generations, the Hawaii Executive Office of Aging has made a concerted attempt to include the young as it works to improve the lives of the senior members of the community.

Reference Type: Book Section
Author: Schwitters, SY
Year: 1981
Title: Elderly Pacific/Asians: Emerging Research Issues
Book Title: Understanding Minority Aging: Perspectives and Sources
Editor: JB Cuellar, EP Stanford, & DE Miller-Soule
Publisher: University Center on Aging.
City: San Diego, CA
Keywords: API; other (research)
Abstract: Three main points which this article attempts to address include; (1) the elderly Asian Pacific population is an inherently diverse population; (2) the Asian Pacific population is dynamic and constantly changing; and (3) the present state of the literature has been described as descriptive and impressionistic, limited to small samples and specific areas, and with national,

cross-national, and cross-cultural studies virtually non-existent.

Reference Type: Journal Article
Author: Schwitters, SY; Ashdown, 1
Year: 1981
Title: Elderly Hawaiians in a Changing Society.
Journal: Aging
Volume: 319-320
Pages: 10-19.
Alternate Journal: Aging, 319-320
Keywords: family/caregiving/intergenerational; Hawaiian
Abstract: Hawaiians have witnessed the disintegration of their once stable society, the declination of their people, and the denigration of their traditional customs. Hawaiian heritage and its continuance are ensured when that knowledge is shared with future generations. This article examines the elder's place within the societal structure - past and present.

Reference Type: Journal Article
Author: Selberg, T.
Year: 1995
Title: Faith Healing and Miracles: Narratives About Folk Medicine
Journal: Journal of Folklore Research
Volume: 32
Issue: 1
Pages: 35-47
Keywords: alternative medicine; cultural competency
Abstract: "... the study of folk medicine has been reduced to a study of folk treatment, and the concept of *medicine* has become more important than the concept of *folk*." (p35) Rather than focusing on the efficacy of alternative medicine, folkloristic approaches can reveal popular concept of sickness and healing that hold real meaning for patients and fuel the value of folk medicine in societies. Personal histories and stories of folk healers that interact with religious beliefs as a rationale for healing powers or ability to believe in healing as a miracle are vehicles that sustain folk medicine traditions.

Reference Type: Generic
Author: Select Committee on Aging
Year: 1977
Title: Older Americans Act: Impact on the Minority Elderly
Secondary Title: Hearing Before the Subcommittee on Housing and Consumer Interests of the Select Committee on Aging
Publisher: U.S. Government Printing Office
Place Published: Washington DC
Number: 95-111
Pages: 1-146
Date: August 23, 1977
Keywords: API; other; policy
Abstract: "The Housing and Consumer Interests Subcommittee of the House Select Committee on Aging will commence its hearing in Los Angeles, Calif., to consider testimony on the impact of the Older Americans Act on the minority senior citizens in this area of the country and in other areas of the country as well."

Reference Type: Report

Author: Senior Services Task Force
Year: 1994
Title: The Senior Services Plan: 1994-2000
Institution: Commission on Aging
Date: September 1994
Type of Work: Report to the Board of Supervisors
Keywords: other (planning); community services; cultural competency
Abstract: Outlines plan to organize 10 Senior Central locations for aging network service delivery. Participation on the task force included all city departments and large service provider stakeholders. GOALS: (1) develop an integrated, coordinated, consumer-driven approach to meeting senior needs that fits the diversity of San Francisco seniors; (2) increase seniors' access to coordinated, integrated, community-based social, health and related services including prevention (e.g. nutrition); (3) develop housing that accommodates the full range of senior needs and desires; (4) maintain and expand affordable and accessible transportation for seniors; and (5) reduce incidents of crime against seniors and their property and increase security and well-being among San Francisco seniors.

Reference Type: Journal Article
Author: Serby, M.; Chou, J.C.Y.; Franssen, E.H.
Year: 1987
Title: Dementia in an American-Chinese Nursing Home Population
Journal: American Journal of Psychiatry
Volume: 144
Issue: 6
Pages: 811-812
Keywords: Chinese; nursing homes; mental health
Abstract: Of 58 demented residents in an American-Chinese nursing home, 44 (75.9%) had multi-infarct dementia, seven (12.1%) had possible Alzheimer's disease, four (6.9%) had other dementias, and three (5.2%) had unknown disorders. Alzheimer's disease was relatively less prevalent than in U.S. nursing homes overall.

Reference Type: Journal Article
Author: Severson, R; Nomura, A; Grove, J; Stemmermann, G
Year: 1989
Title: A Prospective Study of Demographics, Diet, and Prostate Cancer Among Men of Japanese Ancestry in Hawaii
Journal: Cancer Research
Volume: 49
Pages: 1857-1860.
Alternate Journal: Cancer Research, 49
Keywords: disease; health status
Abstract: Prostate cancer incidence was prospectively studied among 7999 men of Japanese ancestry who were first examined between 1965 and 1968 and then followed through 1986.

Reference Type: Journal Article
Author: Shaw, WS; Patterson, TL; Sample, SJ; Grant, I; Yu, ES; Zhang, M; He, YY; Wu, WY
Year: 1997
Title: A Cross-Cultural Validation of Coping Strategies and their Associations with Caregiving Distress
Journal: Gerontologist
Volume: 37

Issue: 4
Pages: 490-504
Keywords: international; mental health; Chinese; caregiving
Abstract: Coping strategies were compared among family caregivers of Alzheimer's disease patients in Shanghai, China (n = 110) and San Diego, California (n = 139). Four coping factors were reliably consistent in both samples, supporting their widespread relevance to life adversity; behavioral confronting, behavioral distancing/social support, cognitive confronting, and cognitive distancing. Shanghai and San Diego caregivers endorsed similar rates of coping, but Shanghai caregivers reported fewer symptoms of depression and anxiety. Although coping strategies were similar, cultural ideals promoting family interdependence, veneration of elderly family members, and acceptance of traditional family roles may have reduced the psychological impacts of caregiving in the Shanghai sample.

Reference Type: Journal Article
Author: Sheldon, T.A.; Parker, H.
Year: 1982
Title: Race and Ethnicity in Health Research
Journal: Journal of Public Health Medicine
Volume: 14
Issue: 2
Pages: 104-110
Keywords: cultural competency; other (research)
Abstract: 'Race' and 'ethnicity' are increasingly being used as variables in health research. However, studies have been mainly descriptive and have not been used to develop and evaluate strategies to improve health care. In part this reflects the poor analytical standards. The status of the concepts of 'race' and 'ethnicity' as research tools are rarely considered and there is poor consistency in terminology. This paper gives an overview of the research literature and raises questions about the validity of 'race' and 'ethnicity' as epidemiological variables. The tendency to collect routine ethnic data and include ethnic variables in an ad hoc and uncritical way in the United Kingdom and other countries may help transform minorities into mere statistical categories and produce data and findings which reinforce stereotypes. Multicultralist ethnic health explanations also tend to displace more material explanations of health outcomes. It is concluded that more thought and care is needed before data are routinely categorized by ethnicity, or race or ethnicity are included as variables in research.

Reference Type: Journal Article
Author: Sherman, DJ
Year: 1995
Title: Nursing in the Pacific Basin: A Crisis in Health Care
Journal: Asia Pacific Journal of Public Health
Volume: 8
Issue: 2
Pages: 138-143
Keywords: international; medical services/hospitals/doctors
Abstract: Nurses in the US-Associated Pacific Island jurisdictions face a number of problems. Data were collected in 1992 from staffing analyses, unpublished documents, and discussions with nurse leaders to record the status of nursing. The political context of nursing practice, current nursing practice, the nursing workforce, development of nursing resources, and the commitment of local governments are reviewed. Specific recommendations to address the problems are listing.

Reference Type: Journal Article

Author: Shimada, J; Jackson, JC; Goldstein, E; Buchwald, D
Year: 1995
Title: "Strong Medicine": Cambodian Views of Medicine and Medical Compliance
Journal: Journal of General Internal Medicine
Volume: 10
Issue: 7
Pages: 369-74
Keywords: Cambodian; cultural competency; immigration/refugee; medical services
Abstract: This study was designed to identify important determinants of noncompliance among Cambodian refugees. Open-ended interviews were conducted in a university-affiliated ambulatory care clinic in an inner-city hospitals. Participants included thirty adult Cambodian refugees (15 men and 15 women) who were regular utilizers of a refugee clinic. Noncompliance was commonly reported by the Cambodian respondents. Noncompliance was both intentional and unintentional; the unintended noncompliance derived from patients' attempting to comply with therapy according to Cambodian ideas about the body and Western medication. This article suggests clinical approaches with prescribed regimens among recent Cambodian immigrants and refugees.

Reference Type: Journal Article
Author: Shimamoto, Y
Year: 1984
Title: Aging in Palau
Journal: Journal of Gerontological Nursing
Volume: 10
Issue: 11
Pages: 13-16
Alternate Journal: Journal of Gerontological Nursing, 10 (11)
Keywords: international; Palauan; cultural competency; demography; family/caregiving/intergenerational
Abstract: The article discusses the nature of aging and the role of society and family for aging populations in Micronesia. Cultural aspects such as beliefs are also discussed.

Reference Type: Journal Article
Author: Shimamoto, Y; & Ishida, D
Year: 1988
Title: The Elderly Samoan
Journal: Public Health Nursing
Volume: 5
Issue: 4
Pages: 219-2-21.
Alternate Journal: Public Health Nursing, 5 (4)
Keywords: international; Samoan; cultural competency; demography
Abstract: This article illustrates the impact of urbanization on the elderly Samoan in Western and American Samoa showing contrasts based on the differing rates of urbanization between the two. The impact of political and economic factors such as government programs that undermine patterns of traditional culture is discussed. Current research on the elderly Samoan done by anthropologists and others in covered. The article also discusses the cultural patterns of the extended family, the aiga, and value systems.

Reference Type: Journal Article
Author: Shin, SC; Whang, ST; Kim, CH; Lee, HY

Year: 1989
Title: Korean Version of the Geriatric Social Adjustment Questionnaire: Cross-Cultural Comparison Between Koreans and Americans in the Perception of Life Events
Journal: Yonsei Medical Journal
Volume: 30
Issue: 1
Pages: 38-44.
Alternate Journal: Yonsei Medical Journal, 30 (1)
Keywords: Korean; mental health; health status; family/caregiving/intergenerational
Abstract: The purpose of this study was to construct a Korean version of the Geriatric Social Readjustment Questionnaire (K-GSRQ) to investigate its applicability to the elderly and to compare cross-cultural differences in the perception of the life events between Koreans and Americans.

Reference Type: Book Section
Author: Shum, L.M.
Year: 1996
Title: Asian-American Women: Cultural and Mental Health Issues
Book Title: Annals New York Academy of Sciences
Publisher: New York Academy of Sciences
City: New York
Pages: 181-190
Keywords: API; cultural competency; mental health
Abstract: Yet, across the Asian cultures, particular family values, structures, roles, and responsibilities have been extrapolated and defined as being core characteristics of the Eastern heritages and can be seen as significantly influential to the identity formation of their individual members. Generally, research that has focused on the study of American minority groups has also found that similarities as well as tremendous variations exist. Asian Americans, as a group, have unique needs and encounter a unique set of stressors.

Reference Type: Book Section
Author: Shuman, T
Year: 1988
Title: Aging and Development: Implications for the Asia-Pacific Region
Book Title: Visions for the Future: Social Work and Pacific Asia Perspectives
Editor: D Sanders, & J Fischer
Publisher: University of Hawaii School of Social Work.
City: Honolulu, HI
Keywords: international; health status; demography; API; community services
Abstract: The dramatic and unprecedented increase in the aging of the populations of Asia-Pacific region will profoundly affect the socioeconomic development of society as a whole within the next few decades. In this context, development is construed not only in terms of technological progress, capital foundation, and increases in per capita income but also denotes steady improvement in the quality of life of all population groups including the elderly.

Reference Type: Journal Article
Author: Siddharthan, K.
Year: 1991
Title: Health Insurance Coverage of the Immigrant Elderly
Journal: Inquiry
Volume: 28

Issue: Winter
Pages: 403-412
Keywords: immigration/refugee; other (health insurance)
Abstract: This study is based on data from phone interviews with elders in the Dade County metro area (n=1123), 525 foreign-born and 588 US natives in 1986. Logit was used. The independent variable was factors that contribute to whether individuals are covered by public health insurance (Medicare A and B, with/without Medicaid) or private insurance (Dependent Variable). Results show that immigrants were less likely to be covered by public insurance or to have private insurance. Medicare coverage for immigrant elders was strongly influenced by length of stay in the US, employment status, and country of origin, while their having private insurance coverage was affected by race, income and employment status. For US born elders, race, income and employment status were contributing factors to the type of insurance coverage retained.

Reference Type: Journal Article
Author: Siegel, J
Year: 1981
Title: Demographic Background for International Gerontological Studies
Journal: Journal of Gerontology
Volume: 36
Issue: 1
Pages: 93-102.
Alternate Journal: Journal of Gerontology, 36 (1)
Keywords: international; demography; health status
Abstract: This report is an expanded and updated version of a paper presented at the U.N. World Assembly on Aging, held in Vienna, Austria, July 26 to August 6, 1982. This working document proved to be useful in directing the attention of authors to certain literature on international health trends and in interpreting some of the trends.

Reference Type: Journal Article
Author: Siganga, WW; Huynh, TC
Year: 1997
Title: Barriers to the Use of Pharmacy Services: The Case of Ethnic Populations
Journal: Journal of the American Pharmaceutical Association
Volume: NS37
Issue: 3
Pages: 335-40
Keywords: Vietnamese; medical services; cultural competency
Abstract: The barriers that minority populations face with respect to the use of pharmacy services may differ from those faced by other populations. A pretested questionnaire was administered to a convenience sample of 96 Vietnamese residents of a mid-size Midwestern city. Perceptions of five common barriers to pharmacy services were investigated. Financial difficulty (47%), language (25%), and physical illness (14%) were the most serious barriers to pharmacy services, followed by transportation and unemployment. These researchers propose seven broad strategies that pharmacists might use to minimize the effect of the barriers. The use of these strategies could benefit patients by improving their health, and increase opportunities for pharmacists to provide pharmaceutical care to the rapidly growing Vietnamese community and other ethnic populations.

Reference Type: Journal Article
Author: Silove, D; Manicavasagar, V; Beltran, R; Le, G; Nguyen, H; Phan, T; Blaszczynski, A

Year: 1997
Title: Satisfaction of Vietnamese Patients and their Families with Refugee and Mainstream Mental Health Services
Journal: Psychiatric Services
Volume: 48
Issue: 8
Pages: 1064-9
Keywords: Vietnamese; immigration/refugee; mental health; family/caregiving
Abstract: The study examined levels of satisfaction with mainstream mental health services and specialized mental health services for refugees among Vietnamese psychiatric patients and their relatives. Demographic, diagnostic, symptomatic, and service-related issues that might influence satisfaction were investigated. Eighty-six Vietnamese patients were identified from case notes of mainstream inpatient services (N=31), mainstream community services (N=7), and a specialized refugee treatment unit (N=58). During an interview, a scale measuring satisfaction with treatment as well as measures of anxiety, depression, and posttraumatic stress disorder was administered to them. A modified satisfaction scale was administered to 56 relatives. Specialized mental health services for refugees may be more acceptable to refugee populations than their mainstream counterparts, perhaps because better communication with patients and their families is possible in the specialized services. Patients and families who are in a position to evaluate services fully are more likely to be critical of treatments offered.

Reference Type: Journal Article
Author: Silverman, SL
Year: 1988
Title: Decreased Incidence of Hip Fracture in Hispanics, Asians, and Blacks: California Hospital Discharge Data
Journal: American Journal of Public Health
Volume: 78
Issue: 11
Pages: 1482-1483.
Alternate Journal: American Journal of Public Health, 78
Keywords: API; health status
Abstract: We examined the incidence of hip fracture in Non-Hispanic, White, Hispanic, Black, and Asian Americans for the years 1983 and 1984 using a data base which contains a summary of all hospitalizations for the State of California. We found a consistently lower risk for hip fracture after age 60 in Hispanic, Black, and Asian American females than in White females who were not Hispanic. Overall age-adjusted hip fracture rates in Hispanic, Black, and Asian females were 49.7, 57.3, and 85.4, respectively, and 140.7/100,000 in White females who were not Hispanic. These differences were not found in males, although Whites (not Hispanic) had the highest incidence of hip fractures among males.

Reference Type: Journal Article
Author: Sinacore-Guinn, D.
Year: 1998
Title: Addressing Prejudice: The Effects of Ethical Perspectives
Journal: Generations
Volume: 22
Issue: 3
Pages: 40-44
Keywords: cultural competency
Abstract: In this essay, I will be describing a process of ethical reflection that explores a variety

of individual perspectives that, when taken together, can be used in developing a comprehensive perspective on problems like those of Mrs. Mann and her caseworker. I will identify several different ethical perspectives -- among many -- that have salience for this case and the possibilities for action offered by each perspective. Each perspective is derived from one or more popular theoretical orientations in ethics; they will vary from one that perceives no ethical difficulty in the situation to views that suggest the existence of many ethical concerns.

Reference Type: Journal Article
Author: Singh Dhooper, S.
Year: 1991
Title: Toward an Effective Response to the Needs of Asian Americans
Journal: Journal of Multicultural Social Work
Volume: 1
Issue: 2
Pages: 65-81
Keywords: API; community services; demography; cultural competency
Abstract: This paper identifies the major problems of most Asian-Americans and analyzes the reasons why these problems have defied solutions. In order to deal with them effectively, a more responsive organizational arrangement for a multi-purpose agency is suggested. Such an agency is client-concerned as well as community-oriented, equipped to effectively meet the immediate and long-term needs of individuals and families, as well as organize the community to deal with larger issues. The structure of the proposed agency, its major problems, approaches, and social work roles and skills are discussed.

Reference Type: Journal Article
Author: Sloan, NR
Year: 1963
Title: Ethnic Distribution of Diabetes Mellitus in Hawaii
Journal: Journal of the American Medical Association
Volume: 183
Pages: 123-128.
Alternate Journal: Journal of the American Medical Association 183
Keywords: Hawaiian; health status; disease; medical services
Abstract: In order to discover possible differences among various ethnic groups in Hawaii with respect to the prevalence of diabetes mellitus, blood samples were secured from 38,103 gainfully employed persons. The most striking ethnic difference was that the rate for unmixed Hawaiians was about six times that for persons classified as Caucasian.

Reference Type: Journal Article
Author: Smith, L
Year: 1997
Title: Critical Thinking, Health Policy, and the Hmong Culture Group, Part II
Journal: Journal of Cultural Diversity
Volume: 4
Issue: 2
Pages: 59-67
Quiz 69
Keywords: Hmong; demography; cultural competency; other (policy)
Abstract: The Hmong are an Asian cultural group originating primarily in the northern hills of Laos. During the Vietnam conflict, they fought and died for the U.S. during a secret Laotian war. The U.S. gained their support in exchange for protecting them from their enemies in Laos

regardless of the war's outcome. When North Vietnam took over Laos, hundreds of thousands of Hmong fled to Thailand's refugee camps; from there, over 100,000 Hmong refugees relocated to the U.S. (Heu, 1996). With them, the Hmong brought culture, language, and healthcare beliefs and rituals, as well as distinct challenges to U.S. communities, policy makers, and healthcare professionals. This article is the second in a two-part series on critical thinking and health policy and the Hmong culture group.

Reference Type: Journal Article
Author: Snyder, P
Year: 1981
Title: Ethnicity and Folk Healing in Honolulu, Hawaii
Journal: Social Science and Medicine
Volume: 15
Pages: 125-132.
Alternate Journal: Social Science and Medicine, 15
Keywords: cultural competency; mental health; alternative medicine
Abstract: This paper examines the significance of ethnicity in relation to folk healing within the context of a multiethnic urban setting. The principal findings that healers and clients are often not of the same ethnicity, that healer's practices are eclectic, and that healers and clients attempt to accommodate to one another's ethnicities are discussed. Implications of these findings for professional health care and general research are considered.

Reference Type: Journal Article
Author: Snyder, P
Year: 1982
Title: Creating Culturally Supportive Environments in Long-Term Care Institutions
Journal: Journal of Long-Term Care Administration
Volume: 10
Issue: 1
Pages: 19-26.
Alternate Journal: Journal of Long-Term Care Administration, 10 (1)
Keywords: nursing homes
Abstract: Long term care institutions, whether designated as skilled nursing, intermediate care, or lower level care homes, may be seen as one type of "total institution". Total institutions, which include such facilities as prisons, boarding schools, and military barracks as well as nursing homes, are described as places which have barriers to social interaction with the outside world and which have fairly regimented activities encompassing all of one's daily life. Many administrators and direct care staff who have been frustrated in their attempts to individualize and humanize the institutional nursing or care home can attest to the immutability of some institutional features.

Reference Type: Journal Article
Author: Snyder, P
Year: 1984
Title: Health Service Implications of Folk Healing Among Older Asian Americans and Hawaiians in Honolulu
Journal: Gerontologist
Volume: 24
Pages: 471-476.
Alternate Journal: Gerontologist, 24
Keywords: Hawaiian; API; alternative medicine; mental health; health status; community

services
Abstract: This paper discusses older participants in folk healing, focusing specifically on providers and recipients who are of Asian and Hawaiian ancestry in Honolulu. The information was obtained through semi-structured interviews and participant observation during a 5-year period, Implications pertaining to health-seeking behavior, health education, and network referrals and support are presented.

Reference Type: Journal Article
Author: Sokolobsky, J.; Vesperi, M.D.
Year: 1991
Title: The Cultural Context of Well-Being in Old Age
Journal: Generations
Volume: 15
Issue: 1
Pages: 21-24
Keywords: cultural competency; community services
Abstract: This article discusses the "complex ways in which culture and context can be used to examine well-being of the aged in comparative perspective. Employing examples from non-Western and North American cultural settings, an interpretive, qualitative analysis was shown to be critical for a full understanding of what it means to age well within diverse cultural circumstances." (p24)

Reference Type: Journal Article
Author: Somani, P.
Year: 1994
Title: Myth of a Model Minority
Journal: Asian American and Pacific Islander Journal of Health
Volume: 2
Issue: 4
Pages: 284-289
Keywords: API; demography; health status
Abstract: "When I became the Assistant Director of Public Health in Ohio, I started investigations about health concerns of Asian Americans in our state. Working with Dr. Moon Chen and other leaders in the Asian American communities, we started searching for factual information about APIA groups, not only to identify myths but also to dispel them. I commissioned a study asking a group of experts to look into the data for Asian Americans for the state of Ohio...not an easy task. Let me share with you some of those myths and information from that commissioned study."

Reference Type: Journal Article
Author: Spitzer, JB
Year: 1984
Title: Planning Services for Elderly Refugees: The Vietnamese and Soviet Jews
Journal: Migration Today
Volume: 12
Pages: 25-27.
Alternate Journal: Migration Today, 12 25-27.
Keywords: community services; mental health; health status; cultural competency; immigration/refugee
Abstract: During the past decade the United States has become a haven for refugees from various parts of the world. Despite extensive planning by the United States government and

millions of dollars expended to assist them: a particular group of émigrés, the elderly have received little attention and few specialized services. The purpose of this article is to denote several factors which can aid professionals in planning appropriate services for elderly refugees.

Reference Type: Journal Article
Author: Stamp, D; Arnold, MS
Year: 1995
Title: Tuberculosis in Home Care: Complying with OSHA
Journal: Caring Magazine
Pages: 16-22
Keywords: disease; health promotion/disease prevention
Abstract: Tuberculosis has found its way back into the mainstream after decades of slow decline. The Centers for Disease Control and Prevention and the Occupational Safety and Health Administration have implemented standards for all health care providers in an effort to prevent and control this disease before it reaches epidemic levels.

Reference Type: Edited Book
Editor: Stanford, EP
Year: 1979
Title: Minority Aging Research
Series Title: Sixth National Institute on Minority Aging
Series Author: Stanford, EP
Publisher: University Center on Aging, College of Human Services. San Diego University
City: San Diego CA
Volume: VI
Number of Pages: 300
Keywords: other (research)
Abstract: This book offers numerous perspectives on Minority Aging Research. Old Issues and New Approaches are explored.

Reference Type: Journal Article
Author: Stanford, E.P.; Yee, D.L.
Year: 1991
Title: Gerontology and the Relevance of Diversity
Journal: Generations
Volume: 15
Issue: 4
Pages: 11-15
Keywords: cultural competency; other (research methods)
Abstract: Commentary on challenges for broadening the field of knowledge on aging as the population becomes more diverse. Challenges practitioners and researchers to incorporate diversity in program and study designs

Reference Type: Journal Article
Author: Stanford, J.L.; Herrinton, L.J.; Schwartz, S.M.; Weiss, N.S.
Year: 1995
Title: Breast Cancer Incidence in Asian Migrants to the United States and their Descendents
Journal: Epidemiology
Volume: 6
Issue: 2
Pages: 181-183

Keywords: API; disease; health status
Abstract: We studied breast cancer incidence during the period 1973-1986 in Asian residents of three U.S. geographic areas. The rate in Asian-American women born in China or Japan and in their US born counterparts was about 50% and 75% that of US born whites, respectively, and was approximately twice the rate of women residing in Asia. Breast cancer incidence was nearly identical in US and foreign born Filipino Americans, but it was 40% that of US born whites. Migrant studies of breast cancer mortality have pointed to environmental or behavioral factors as causes of the disease. In this study, we compared the incidence rates of breast cancer in Asian migrants to the US and their descendants with those of white residents of the US, separately for younger and older women, to obtain more detailed information on the role of these factors in causing breast cancer.

Reference Type: Journal Article
Author: Stavig, GR; Igra, A; Leonard, AR
Year: 1988
Title: Hypertension and Related Health Issues Among Asians and Pacific Islanders in California
Journal: Public Health Reports
Volume: 103
Pages: 28-37.
Alternate Journal: Public Health Reports, 103
Keywords: API; disease
Abstract: In this study, measurements of blood pressure were taken of 8,353 adults living in California, including 1,757 Asians and Pacific Islanders, and the subjects were asked six questions concerning high blood pressure. The results show that Asians and Pacific Islanders with hypertension, in comparison with hypertensive persons of other races, were less likely to be aware of hypertension, to be under treatment with medication, and to be controlling their blood pressure; similarly, they had their blood pressure measured less frequently and visited physicians less often. Compared with the general population, Asians and Pacific Islanders were less knowledgeable about hypertension. In relation to health care, they recorded lower frequencies of hospital stays, days of bed disabilities, and days of not feeling well than persons of other races.

Reference Type: Journal Article
Author: Stemmermann, GN
Year: 1982
Title: Unsuspected Cancer in Elderly Hawaiian Japanese: An Autopsy Study
Journal: Human Pathology
Volume: 13
Pages: 1039-1044.
Alternate Journal: Human Pathology, 13
Keywords: Hawaiian; Japanese; health status; disease
Abstract: The patterns of disease among the Japanese who migrated to Hawaii differ from those among indigenous Japanese and among Japanese who migrated to the continental United States. They have the highest mean age at death of any of the races in Hawaii. Review of Japanese Hawaiian men over 65 years of age upon autopsy revealed that the oldest subjects had the highest frequencies of tumors.

Reference Type: Journal Article
Author: Stemmermann, G.N.; Hayashi, T.; Resch, J.A.; Chung, C.S.; Reed, D.M.; Rhoads, G.G.
Year: 1984
Title: Risk Factors Related to Ischemic and Hemorrhagic Cerebrovascular Disease at Autopsy: The Honolulu Heart Study
Journal: Stroke

Volume: 15
Issue: 1
Pages: 23-
Keywords: Japanese; Hawaiian; disease
Abstract: This study of cerebrovascular lesions at autopsy among Hawaiian Japanese men identifies similar risks factors for cerebral infarction and hemorrhage that have been identified in a previous incidence study. Demonstrated differences were essentially the same whether subjects with these tissue changes were compared to men showing no central nervous system disease at autopsy or when they were compared with men still alive. Cerebral infarcts accompanied myocardial infarction (CHD) in 58% autopsy cases and were associated with CHD risk factors (high serum cholesterol, hypertension, severe atherosclerosis of the coronary arteries and aorta). These associations did not persist when CHD cases were removed from the analysis, indicating there were two subsets of men with cerebral infarction. Hypertension was strongly associated with hemorrhagic disease, as were cigarette use and alcohol consumption.

Reference Type: Journal Article
Author: Stemmermann, G; Heilbrun, L; Nomura, A; Yano, K; Hayashi, T
Year: 1986
Title: Adenomatous Polyps and Atherosclerosis: An Autopsy Study of Japanese Men in Hawaii
Journal: International Journal of Cancer
Volume: 38
Pages: 789-794.
Alternate Journal: International Journal of Cancer, 38
Keywords: Japanese; disease
Abstract: It is generally accepted that most colorectal cancers arise from adenomatous polyps and most coronary heart disease is caused by severe atherosclerosis. In order to compare the frequency of these disease precursors in men of Japanese ancestry in Hawaii, the degree of atherosclerosis of the aorta and coronary arteries was estimated by the panel method in 288 male autopsy subjects. The extent of atherosclerosis was then compared in men who did or did not have adenomatous polyps as determined at autopsy. The degree of atherosclerosis of the coronary arteries and aorta was positively and significantly related not only to the presence of adenomatous polyps, but to their size, multiplicity, and degree of atypia as well. This study suggests that shared environmental events could account for the development of severe atherosclerosis and adenomatous polyps. At the same time, it has been observed that Hawaii Japanese men experience colon and rectal cancer rates higher than those of US Whites, but their coronary heart disease (CHD) rates are intermediate between the low rates of Japanese and the high rates of the US white population. These differences in disease trends and differences in the serum cholesterol and fat intake of Hawaii Japanese men with CHD and colon cancer have suggested that men with these diseases represent different subsets of the westernized Japanese population. If CHD and colon cancer occur in different subsets of this population, they must stem from the accumulation of other risk factors superimposed upon the initiators of their precursor lesions.

Reference Type: Journal Article
Author: Stone, R.I.; Yamada, Y.
Year: 1998
Title: Ethics and the Frontline Long-Term Care Worker: A Challenge for the 21st Century
Journal: Generations
Volume: 22
Issue: 3
Pages: 45-51
Keywords: cultural competency; medical services

Abstract: A look at the elements of medical ethics is an obvious first step in examining the role of the long-term care worker and her or his relationship to the care recipient (Hayley et al., 1996). These elements include (1) the degree to which the worker respects the autonomy of the care recipient (e.g., as related to such concerns as self-determination, privacy, respect for the individual); (2) beneficence (or doing what is best for the care recipient); (3) fidelity (i.e., establishing trust and maintaining confidentiality; (4) justice, that is, the extent to which the worker applies equitable treatment and distribution of resources to all care recipients. The professional ethical code for nursing assistants includes respect for client autonomy but also emphasizes the need to choose the greatest good for the least harm, knowing one's own limits, and applying a fairness to all actions.

Reference Type: Journal Article
Author: Stumphauzer, J; Davis, L
Year: 1983
Title: Training Community-Based Asian-American Mental Health Personnel in Behavior Modification
Journal: Journal of Community Psychology
Volume: 11
Pages: 253-258.
Alternate Journal: Journal of Community Psychology, 11
Keywords: API; community services; mental health; alternative medicine; health promotion/disease prevention
Abstract: Results of a three-fold assessment of the training results revealed: A) a significant increase in knowledge of behavior modification principles, B) a significant increase in ability to accomplish behavioral analysis and behavioral treatment plan, C) a significant increase in one of three attitudes toward behavior modification oriented activity. The training model and needs for further consultation and supervision are discussed.

Reference Type: Journal Article
Author: Sue, S
Year: 1977
Title: Community Mental Health Services to Minority Groups: Some Opinions, Some Pessimism.
Journal: American Psychologist
Volume: 32
Pages: 616-624.
Alternate Journal: American Psychologist, 32
Keywords: mental health; medical services
Abstract: For many years, researchers and practitioners have found that minority group clients who seek psychotherapeutic services receive discriminatory treatment from white therapists. Underlying this finding is the implicit assumption that the mental health delivery system should strive to provide equal and nondiscriminatory services for all clients. The question of delivery of responsive services as an ultimate goal is discussed.

Reference Type: Journal Article
Author: Sue, S.; Fujino, D.C.; Hu, L.; Takeuchi, D.; Zane, N.W.S.
Year: 1991
Title: Community Mental Health Services for Ethnic Minority Groups: A Test of the Cultural Responsiveness Hypothesis
Journal: Journal of Consulting and Clinical Psychology
Volume: 59
Issue: 4

Pages: 533-540
Keywords: mental health; cultural competency; medical services
Abstract: This study investigated services received, length of treatment, and outcomes of thousands of Asian-American, African-American, Mexican-American, and White clients using outpatient services in the Los Angeles County mental health system. It tested the hypothesis that therapist-client matches in ethnicity and language are beneficial to clients. Results indicated that Asian Americans and Mexican Americans underutilized, whereas African Americans overutilized, services. African-Americans also exhibited less positive treatment outcomes. Furthermore, ethnic match was related to length of treatment for all groups. It was associated with treatment outcomes for Mexican-Americans. Among clients who did not speak English as a primary language, ethnic and language match was a predictor of length and outcome of treatment. Thus, the cultural responsiveness hypothesis was partially supported.

Reference Type: Journal Article
Author: Sue, S; Sue, DW; Takeuchi, DT
Year: 1995
Title: Psychopathology Among Asian Americans: A Model Minority?
Journal: Cultural Diversity in Mental Health
Volume: 1
Issue: 1
Pages: 39-51
Keywords: API; mental health; demography; cultural competency
Abstract: The prevalence of psychopathology among Asian Americans has been a source of debate. Some investigators believe that the prevalence rate is quite low, whereas others argue that it is fairly high. A review of the literature suggests that at this time, it is not possible to determine the specific rates of psychopathology. However, evidence does suggest that their rates of mental disorders are not extraordinarily low. Thus, public portrayals of Asian Americans as a well-adjusted group do not reflect reality. Attempts to determine the exact prevalence rates have been hindered by characteristics of the Asian American population, particularly its relatively small size, heterogeneity, and rapid changes in demographics. It is suggested that aggregate research, in which different Asian American groups are combined, is important for policy considerations, broad cultural comparisons, and establishing baseline information. To advance scientific contributions and understanding, studies that examine the correlates and course of disorders within specific Asian American groups are necessary as well.

Reference Type: Journal Article
Author: Sue, S
Year: 1998
Title: In Search of Cultural Competence in Psychotherapy and Counseling
Journal: American Psychology
Volume: 53
Issue: 4
Pages: 440-8
Keywords: cultural competency; mental health; medical services
Abstract: The characteristics involved in cultural competency in psychotherapy and counseling have been difficult to specify. This article describes attempts to study factors associated with cultural competency and addresses 3 questions. First, is ethnic match between therapists and clients associated with treatment outcomes? Second, do clients who use ethnic-specific services exhibit more favorable outcomes than those who use mainstream services? Third, is cognitive match between therapists and clients a predictor of outcomes? The research suggests that match is important in psychotherapy. The cultural competency research has also generated some controversy, and lessons learned from the controversy are discussed. Finally, it is

suggested that important and orthogonal ingredients in cultural competency are therapists' scientific mindedness, dynamic-sizing skills, and culture-specific expertise.

Reference Type: Report
Author: Suh, D.; Penserga, L.J.
Year: 1996
Title: Riding the Waves of Change: Improving the Health of Asian and Pacific Islander Women Under Medi-Cal Managed Care Expansion
Institution: Asian & Pacific Islander American Health Forum
Date: December
Type of Work: Policy
Keywords: API; demography; medical services; other (managed care)
Abstract: The purpose of this paper is to inform policymakers and consumer advocates of how managed care practices impact health services, specifically for women, children, and those who are limited English proficient (LEP). This paper will provide (1) background information on managed care and the changes in Medi-Cal, (2) background information on APIA women, and (3) recommendations for consumers, managed care organizations and the California Department of Health Services.

Reference Type: Journal Article
Author: Sung, K-T
Year: 1990
Title: A New Look at Filial Piety: Ideals and Practices of Family-Centered Parent Care in Korea
Journal: The Gerontologist
Volume: 30
Issue: 5
Pages: 610-617
Keywords: Korean; cultural competency; family/caregiving/intergenerational
Abstract: This paper presents results of the analysis of 817 stories about Koreans who exemplify filial piety, a dominant value of East Asian nations. Corollaries were identified, such as types of care and services provided to elderly parents, motives for filial piety, kinds of emphasis given to filial duties, and sacrifices endured for parents. The most outstanding dimensions underlying filial piety were respect, responsibility, family harmony and sacrifice. Findings provide both conceptual and practical tools for understanding and practicing filial piety.

Reference Type: Journal Article
Author: Sung, K-T
Year: 1995
Title: Measures and Dimensions of Filial Piety in Korea
Journal: The Gerontologist
Volume: 35
Issue: 2
Pages: 240-247
Keywords: Koreans; family/intergenerational; immigration; cultural competency
Abstract: Using survey data on 1227 adult and pre-adult children in Korea, we identified some specific measures and dimensions of filial piety, a traditional East Asian value to respect and care for parents. Factor analysis and cross-validation of measures of affection, repayment, family harmony, respect, obligation, and sacrifice revealed 2 important factors - behaviorally oriented and emotionally oriented filial piety. These findings suggest that filial piety is two-dimensional, and that multiple indicators should be used to separately assess the behavioral and emotional components of modern-day filial piety.

Reference Type: Newspaper Article
Reporter: Suskind, R.
Year: 1994
Title: Clinton Weights Cuts to Finance Welfare Reform: Some Immigrants' Benefits as well as Housing Aid are said to be Targets
Newspaper: The Wall Street Journal
City: New York
Pages: A2,!6
Date: 14 February
Keywords: immigration/refugees; other (welfare)
Abstract: Describes issues related to the 1997 welfare reform and their impact on immigrants.

Reference Type: Journal Article
Author: Swallen, KC; Glaser, SL; Stewart, SL; West, DW; Jenkins, CN; McPhee, SJ
Year: 1998
Title: Accuracy of Racial Classification of Vietnamese Patients in a Population-based Cancer Registry
Journal: Ethnic Diversity
Volume: 8
Issue: 2
Pages: 218-27
Keywords: Vietnamese; demography; disease
Abstract: This study reports the reliability of racial classification of Vietnamese in population-based cancer registry data from northern California. From the Greater Bay Area Cancer Registry, we selected 2240 persons diagnosed with cancer in 1989-1992 and whom the registry considered Vietnamese by birthplace and/or registry race and/or surname, or who were Southeast Asian or Chinese by race. One thousand ninety persons (49%) were interviewed. Sensitivity and predictive value positive, and cancer incidence rates, were calculated using different combinations of the classification factors (birthplace, registry race, and name). Approximately 20% of cancer cases classified as Vietnamese are probably not Vietnamese. The higher incidence rates for Vietnamese in the United States than in Vietnam partly may reflect such classification error.

Reference Type: Journal Article
Author: Taira, DA; Safran, DG; Seto, TB; Rogers, WH; Kosinski, M; Ware, JE; Lieberman, N; Tarlov, AR
Year: 1997
Title: Asian-American Patient Ratings of Physician Primary Care Performance
Journal: Journal of General Internal Medicine
Volume: 12
Issue: 4
Pages: 237-42
Keywords: API; medical services/hospitals/doctors; other (patient ratings)
Abstract: This study examined how Asian-American patients' ratings of primary care performance differ from those of whites, Latinos, and African-Americans. Retrospective analyses of data collected in a cross-sectional study using patient questionnaires in a university hospital primary care group practice. In phase 1, successive patients who visited the study site for appointments were asked to complete the survey. In phase 2, successive patients were selected who had most recently visited each physician, going back as far as necessary to obtain 20 patients for each physician. We conclude that Asian American patients rate physicians

primary care performance lower than do whites, African Americans, and Latinos. Future research needs to focus on Asian Americans to determine the generalizability of these findings and the extent to which they reflect differences in survey response tendencies or actual quality differences.

Reference Type: Journal Article
Author: Tajima, K; Tominaga, S
Year: 1985
Title: Dietary Habits and Gastro-Intestinal Cancers: A Comparative Case-Control Study of Stomach and Large Intestinal Cancers in Nagoya, Japan
Journal: Japanese Journal of Cancer Research
Volume: 76
Pages: 705.
Alternate Journal: Japanese Journal of Cancer Research, 76
Keywords: international; disease; health status
Abstract: A simultaneous case-control study on stomach cancer and colo-rectal cancer involving 93 cases with stomach cancer, 93 cases with colo-rectal cancer and 186 controls was conducted using a common questionnaire at the Aichi Cancer Center Hospital in 1981-83. A fondness for salty tastes, especially salted foods such as pickled hakusai (vegetable) and dried & salted fishes, which are typical traditional Japanese foods showed a significantly positive association with stomach cancer (relative risk (RR=2.60, P <0.01). On the other hand, the habit of eating a western-style breakfast, particularly for 10 years or more made a significant contribution to the risk of colon cancer (RR=2.24, P<0.05) but conversely decreased the risk of stomach cancer (RR=0.50, not significant (NS)) and rectal cancer (RR=0.40, NS). In this study, relatively frequent intakes (4 times/week) of some vegetables, i.e. pumpkin, green pepper, onion and cabbage, showed high relative risks for both stomach and colon cancers, contrary to findings of previous epidemiological studies. Cigarette smoking increased the risk of stomach cancer (RR=1.99,NS) but decreased that of colon cancer (RR=0.61, NS). There was no positive relation between drinking and cancer at any site. Some other factors with opposite effects on the two contrasting cancers and some independent factors were identified in this comparative case-control study.

Reference Type: Journal Article
Author: Takaezu, J
Year: 1987
Title: Learning English in Late Life
Journal: Generations
Volume: 12
Issue: 2
Pages: 50-51.
Alternate Journal: Generations, 12 (2)
Keywords: Japanese; cultural competency
Abstract: The goals of the English Conversation class are to provide basic conversational skills to assist with day-to-day and emergency communications, to increase feelings of confidence, to develop an understanding and awareness of community and world events, and to meet the social needs of students.

Reference Type: Book
Author: Takaki, R.
Year: 1989
Title: Strangers From a Different Shore: A History of Asian Americans
Publisher: Little, Brown & Company

City: Boston, MA
Number of Pages: 570
Keywords: API; immigration; other (history)
Abstract: Attempts to 'explain the diversity of our community [and] the sources of our unity'. Presents the history of APAs in the context of waves of migration in American history-- targeting economic causes for welcome and exclusion with each Asian nationality. In part, APAs are invisible, because the stereotype is that APAs are aliens & foreigners in America. Asians are not the only ones that refer to non Asians as 'Americans'. Asian immigrant experiences differ from those of other [white] immigrants due to color & race: Chinese Exclusion Act of 1882 (singled out Chinese on a racial basis), the National Origins Act of 1924 (prevented women from Asia entry and because Asians were ineligible for citizenship were also ineligible for migration), the Nationalization Law of 1790 (limited naturalized citizenship to 'whites' until 1952). The CA Alien Land Law 1913 prohibited Asians from owning land/; Executive Order 9066 put Japanese Americans in concentration camps, 2/3rds of whom were US citizens by birth.

Reference Type: Journal Article
Author: Takeuchi, DT; Chung, RC; Lin, KM; Shen, H; Kurasaki, K; Chun, CA; Sue, S
Year: 1998
Title: Lifetime and Twelve-Month Prevalence Rates of Major Depressive Episodes and Dysthymia among Chinese Americans in Los Angeles
Journal: American Journal of Psychiatry
Volume: 155
Issue: 10
Pages: 1407-14
Keywords: Chinese; mental health
Abstract: The authors' goal was to estimate the lifetime and 12-month rates of major depressive episodes and dysthymia for Chinese Americans who reside in Los Angeles. This effort, the Chinese American Psychiatric Epidemiological Study, is the first large-scale community psychiatric epidemiological study on an Asian American ethnic group that used DSM-III-R criteria for major depressive episodes and dysthymia. The Chinese American Psychiatric Epidemiological Study provides a rare opportunity to investigate the heterogeneity within a single Asian American ethnic group, Chinese Americans, and to identify the subgroups among Chinese Americans who may be most at risk for mental health problems.

Reference Type: Journal Article
Author: Tanjasiri, S.P.; Wallace, S.P.; Shibata, K.
Year: 1995
Title: Picture Imperfect: Hidden Problems Among Asian Pacific Islander Elderly
Journal: Gerontologist
Volume: 35
Issue: 6
Pages: 753-760
Keywords: API; immigration/refugee; demography; health status
Abstract: API elderly represent the fastest growing group of ethnic elderly in the US, yet their social and health needs remain little understood in the field of ethnogerontology. Existing literature generally portrays API elderly as in equal or better health compared to whites. However, aggregate API data cloud the bimodal distribution in socioeconomic and health status. We review existing literature on API elderly, and examine selected national data to illustrate the effects of a bimodal distribution on our understanding of API elderly socioeconomic and health status.

Reference Type: Report

Author: Task Force on Minority Issues in Gerontology
Year: 1994
Title: Minority Elders: Five Goals Toward Building a Public Policy Base
Institution: Gerontological Society of America
Keywords: Minorities; other (research)
Abstract: Provides a survey of research issues related to policy and service access for elders of color.

Reference Type: Report
Author: Team Associates
Year: 1980
Title: Social/Cultural Customs: Similarities and Differences Between Vietnamese, Cambodians, H'mong, Lao
Institution: Team Associates, Washington D.C.
Date: July
Type of Work: Project materials developed by the Indochinese Mental Health Project, Bureau of Research and Training, Pennsylvania Office of Mental Health
Keywords: SE Asians; cultural competency
Abstract: Charts social and cultural customs for the Vietnamese, Cambodian, Hmong, and Lao ethnic groups.

Reference Type: Report
Author: The Commonwealth Fund
Year: 1995
Title: National Comparative Survey of Minority Health Care
Institution: The Commonwealth Fund
Date: 1995
Keywords: health status; other (policy); medical services
Abstract: Describes a national representative sample of minority populations (n= 3,789 adults 18 and older: 1114 white, 1048 black, 1001 Latino, 632 API (205 Chinese, 201 Korean, 201 Vietnamese Americans) to assess access to health care, self-reported health status, experiences with health care delivery system.

Reference Type: Journal Article
Author: Tien-Hyaft, JL
Year: 1986-1987
Title: Self-Perceptions of Aging Across Cultures: Myth or Reality?
Journal: International Journal of Aging and Human Development
Volume: 27
Issue: 2
Pages: 129-148.
Alternate Journal: International Journal of Aging and Human Development, 27 (2)
Keywords: Chinese; international; cultural competency; other
Abstract: This study attempted to correct the methodological shortcomings of previous studies by using semi-structured interviews to explore the differences and similarities of self-perceptions of aging and associated factors among Anglo Americans, Chinese Americans, and Chinese in Taiwan. Each of the three subgroups consisted of twenty middle- or lower-class female community residents who were sixty to seventy-five years of age. The results of both quantitative and qualitative analyses reveal that all three subgroups had positive self-perceptions of aging, with Anglo Americans being most positive; Chinese Americans, the next; Chinese in Taiwan, the least. Correlates of self-perceptions of aging for each subgroup are presented.

Implications for practice, policy, program development, and service delivery are also discussed.

Reference Type: Journal Article
Author: Tillotson, JL; Kato, H; Nichaman, MZ; al, et
Year: 1973
Title: Epidemiology of Coronary Heart Disease and Stroke in Japanese Men Living in Japan, Hawaii, and California: Methodology for Comparison of Diet
Journal: American Journal of Clinical Nutrition
Volume: 26
Pages: 177-184
Alternate Journal: American Journal of Clinical Nutrition 26
Keywords: Japanese; international; disease
Abstract: A cooperative study of prevalence and incidence of cardiovascular disease was initiated in 1965 to study men of Japanese ancestry aged 45 to 69 years living in Hiroshima and Nagasaki, Japan; in Honolulu, Hawaii; and in the San Francisco Bay Area. The study has been carried out by the Atomic Bomb Casualty Commission in Hiroshima, the Honolulu Heart Study of the National Heart and Lung Institute, and by the School of Public Health of the University of California at Berkeley. The details of the study have been reported elsewhere (4); this paper will be devoted to a discussion of the dietary investigations carried out in the collaborative study.

Reference Type: Report
Author: Tirado, M.D.
Year: 1993
Title: Cultural Index of Accessibility to Care
Institution: Latino Coalition for Healthy California, Public Advocates, San Francisco, CA
Date: May
Keywords: cultural competency; other (managed care)
Abstract: When ethnic/racial group comprises 100 persons or 5% of the population in a MCO's service area, the index would be applied to assure accessible care: (1) Plan Coverage Information translated if necessary, with language proficient representatives to serve members including outreach to job sites, social service centers , etc.; (2) Health Education Program should reflect language and cultural beliefs of target populations served. Mere translations may not address cultural biases; (3) Health Care Provider Orientation & Training to sensitize practitioners to diversity of patients and staff: 6 hour training module outlined includes orientation to effectively use non-medically trained interpreters in taking patient history and other communications related to treatment and patient care; use/understanding of belief patterns and family support systems to ensure compliance with treatment plan and assumption of greater responsibility for prevention of disease; identify and treat presentations of diagnoses not found as frequently in dominant patient population; (4) Certification of Interpreters competence & basic knowledge of commonly used primary care medical terms, state should develop standards/test materials and randomly monitor/audit testing; and (5) Administrative Systems & Procedures MIS for tracking preventive health tests/procedures; responsive appt making & nursing advice system, explanation of authorization/service utilization limits, discharge planning & post-operative instructions; ombudsman office that is accessible to diversity of patients; include English & language comprehension in pt profile data; conduct annual membership satisfaction surveys that include all members.

Reference Type: Report
Author: Tirado, M.D.
Year: 1996
Title: Tools for Monitoring Cultural Competence in Health Care
Institution: Latino Coalition for a Healthy California, San Francisco, CA.

Date: January 31
Type of Work: Final Report for Office of Planning & Evaluation, Health Resources & Services Administration, HHS
Label: access, institutional, service delivery
Keywords: community services; other (managed care, consumers); cultural competency
Abstract: Community initiated (Latino & Chinese) indicators for assessing whether/how MCOs can reach out to and be responsive to limited English-speaking communities. Includes a comprehensive literature review on aspects of managed care and race/ethnic communities.

Reference Type: Journal Article
Author: Ton-That, N
Year: 1998
Title: Post-Traumatic Stress Disorder in Asian Refugees
Journal: Psychiatric and Clinical Neurosciences
Volume: Dec
Issue: 52 Suppl
Pages: S377-9
Keywords: Chinese; SE Asian; immigration/refugee; mental health; cultural competency
Abstract: This study profiles 127 cases of Vietnamese, Cambodian, Laotian and Chinese refugee outpatients diagnosed with post-traumatic stress disorder (PTSD). Traumatic etiologies included victims of wars such as political refugees, concentration camp prisoners and victims of rape, severe personal losses (property or human lives). These traumas were experienced by our subjects during the period between the end of the Vietnam war in April 1975 and recent times, when they finally arrived in the USA. Clinical symptoms of these subjects reflected many influences of their oriental culture background and are characterized by internalization that needs to be overcome for assessment as well as for therapy. Symptomatic treatment with psychopharmacology and supportive therapy are helpful while cultural approaches have been adopted by many patients to reach the inner self pathology that could be of both mental and organic in nature. These facts need to be taken into consideration in the future description of the PTSD clinical picture. Recommendations are made for future PTSD studies in Vietnam, Cambodia and Laos, and to promote a global movement for prevention of any socio-political situation that may generate PTSD.

Reference Type: Journal Article
Author: Tong, A
Year: 1991
Title: Eating Habits of Elderly Vietnamese in the United States
Journal: Journal of Nutrition for the Elderly
Volume: 10
Issue: 2
Pages: 35-48.
Alternate Journal: Journal of Nutrition for the Elderly, 10 (2).
Keywords: Vietnamese; health status; cultural competency
Abstract: A sample of 62 elderly from the Vietnamese Senior Citizens Association responded to a 24-hour dietary recall interview regarding their eating habits and food preferences in order to examine their health status. Results indicated that one-fifth of those sampled had milk at breakfast. The majority of elderly still consumed rice at both lunch and supper, and 94 percent did not snack. Thirty-one percent took vitamin supplements. The health problems most frequently mentioned were anemia, arthritis, hypertension, and diabetes. Research on food habits and diet in relation to diseases of this ethnic group is much needed.

Reference Type: Book Section

Author: Torres-Gil, F.
Year: 1987
Title: Aging in an Ethnic Society: Policy Issues for Aging Among Minority Groups
Book Title: Ethnic Dimensions of Aging
Editor: Gefland, DE; Barresi, CM
Publisher: Springer Publishing Company
City: New York
Pages: 239-257
Keywords: API; cultural competency; other (policy)
Abstract: The chapter examines current policy actions, assesses the potential impact for the aging of minority groups, and suggest strategies for incorporating ethnicity and minority issues in analyzing the aging of American society. The chapter focuses on the four major national minority groups: Blacks, Hispanics, Asians and Pacific Islanders, and Native Americans. Collectively they represent a large portion of American society and in some regions will become a majority of the population.

Reference Type: Journal Article
Author: Tran, T.V.
Year: 1990
Title: Language Acculturation Among Older Vietnamese Refugee Adults
Journal: The Gerontologist
Volume: 30
Issue: 1
Pages: 94-99
Keywords: Vietnamese; immigration/refugee; demography
Abstract: The purpose of this study was to examine the English language acculturation among older Vietnamese refugees (40 +) in a nationwide sample. The findings reveal that age, sex, education in Vietnam, health, and length of residence in the U.S. had some significant relationships with language acculturation. In particular, older Vietnamese people had more problems with language acculturation than their younger counterparts, and Vietnamese women had more language acculturation problems than men.

Reference Type: Journal Article
Author: Tran, TV
Year: 1991
Title: Family Living Arrangement and Social Adjustment Among Three Ethnic Groups of Elderly of Indochinese Refugees
Journal: International Journal of Aging and Human Development
Volume: 32
Issue: 2
Pages: 91-102.
Alternate Journal: International Journal of Aging and Human Development, 32 (2)
Keywords: Indochinese; immigration/refugee; family/caregiving/intergenerational; cultural competency
Abstract: This study examines family living arrangement and social adjustment in an area probability sample of 258 elderly Indochinese refugees fifty-five years or older in the United States. Data were collected in 1982 from five locations representing the diversity of the Indochinese refugee communities in the United States. Multiple regression analysis was used. The findings reveal that elderly refugees who lived within the nuclear or extended family had a better sense of social adjustment than those living outside the family context. Elderly refugees who lived in overcrowded households and in households that had children under the age of

sixteen experienced a poorer sense of adjustment. Finally, among six control variables, age had a significant relationship that indicates that older refugees had a poorer sense of adjustment than their younger counterparts.

Reference Type: Journal Article
Author: Tran, T.V.
Year: 1991
Title: Adjustment of Elderly Refugees
Journal: International Journal of Aging and Human Development
Volume: 32
Issue: 2
Pages: 92-102
Keywords: SE Asian; immigration/refugee; demography; family/caregiving/intergenerational
Abstract: The findings of this study provide some preliminary information on the relationship between the family living arrangement and social adjustment among older Indochinese refugees in the United States. This study is a secondary study in terms of the data. Thus this investigator was constrained to use only variables that are available in the survey. As a result, several issues of the relationship between family living arrangement and social adjustment still need to be examined. Future research should collect data that provide in-depth information on various aspects of social adjustment of this newly arrived minority elderly population.

Reference Type: Journal Article
Author: Tran, T.V.
Year: 1992
Title: Adjustment Among Different Age and Ethnic Groups of Indochinese in the United States
Journal: The Gerontologist
Volume: 32
Issue: 4
Pages: 508-518
Keywords: Indochinese; cultural competency; immigration/refugee; demography
Abstract: This study examines adjustment among different age and ethnic groups of Indochinese refugees in the US. The data came from a nationwide probability sample of 3,414 respondents aged 20 or older. Respondents are divided into 4 age groups (20-29, 30-39, 40-54, 55+). OLS regression analysis revealed that education occupational status, urban/rural location in the country of origin, English language ability, financial problems, gender, age, and length of residence in the US had significant relationships with adjustment in different age and ethnic groups.

Reference Type: Journal Article
Author: Trent, RJ; Mickleson, KN; Yakas, J; Hertzberg, M
Year: 1988
Title: Population Genetics of the Globin Genes in Polynesians
Journal: Hemoglobin
Volume: 12
Issue: 5-6
Pages: 533-7
Keywords: Polynesian; international; other (genetics)
Abstract: Globin gene mapping data enable Polynesians to be divided into three distinct groups: (i) Maoris, Cook Islanders, (ii) Tongans, Samoans, (iii) Niue Islanders. Unusual RFLPs detected by the restriction enzymes Apa I and Bgl II are found in Polynesians. A high frequency of alpha-thalassemia in this population is explained by genetic drift and a founder effect.

Reference Type: Book Section
Author: True, R.H.; Guillermo, T.
Year: 1996
Title: Asian/Pacific Islander American Women
Book Title: Race, Gender, and Health
Editor: Bayne-Smith, M.
Publisher: Sage Publishers
City: Thousand Oaks, CA
Pages: 94-120
Series Title: Sage Series on Race and Ethnic Relations
Keywords: API; demography; health status; mental health; cultural competency
Abstract: Reviews information on health and mental health issues among API women, identifies gaps in knowledge base & service access, and suggests action strategies to improve quality of care provided for them. Recommendations made: (1) funding and technical support for research focused on health and mental health needs of API women with attention to subgroup and regional differences; (2) increase availability of community-based health and mental health services that are linguistically and culturally appropriate; (3) service financing mechanisms for those with limited financial means; (4) recruitment and training of API mental health professionals to develop expertise on API women's issues and linguistic/bicultural capacity; (5) train non-API providers and male APIs on women's issues; and (6) support outreach, prevention, and education acts for API women; and (7) provide ancillary services to respond to the multicausal aspects of API women's issues.

Reference Type: Journal Article
Author: Tsai, Debra Tsuling ; Lopez, Rebecca A.
Year: 1997
Title: The Use of Social Supports by Elderly Chinese Immigrants
Journal: Journal of Gerontological Social Work
Volume: 29
Issue: 1
Pages: 77-93
Keywords: Chinese; immigration; family/caregiving/intergenerational
Abstract: This study explores the use of informal and formal social supports among 93 elderly Chinese immigrants residing in California. A historical and cultural overview of the Chinese immigrant experience is presented as a contextual framework. Results showed that family and kin were perceived as the most satisfying sources of support. Barriers to utilization of formal services and agencies were lack of knowledge of services, language differences, and lack of transportation. The implications of these results within the changing dynamics of Chinese-American families are discussed.

Reference Type: Thesis
Author: Tsukada, Noriko
Year: 1993
Title: The Oldest-Old in Japan: The Issue of Caregiving
Academic Dept.: Sociology and Anthorpology
University: Miami University
City: Oxford, OH
Pages: 88
Thesis Type: Master's Thesis
Keywords: international; family/caregiving/intergenerational; cultural competency; Japanese

Abstract: In contemporary Japan, the low fertility rate, rapid aging of the older population, and changing cultural values about caregiving have combined to make the issue of caregiving especially challenging. The purpose of this paper is to explore caregiving preferences of Japanese people who have only daughters and their attitude about the issue of caregiving. An interview and a questionnaire survey were conducted in Japan. Results were analyzed via qualitative analysis. The majority of respondents preferred caregiving from their spouses and care from daughters as a second priority even though many realized these preferences may not be feasible. Moreover, with regard to changing attitudes about Japanese traditional caregiving, although the majority of respondents perceived the change, feelings about the change varied from "It's good," to "It's unfair." This paper also discusses implications of the study for future planning and policy for the aged, and for future research.

Reference Type: Journal Article
Author: Tung, CL; Wu, KH; Wang, CY
Year: 1958
Title: The Relative Incidence of Atherosclerotic Heart Disease in East China and its Relationship to Cholesterol
Journal: Chinese Medical Hournal
Volume: 77
Pages: 596-602
Keywords: international; disease; Chinese
Abstract: This study was made with 3 objectives in view: a) to determine the relative prevalence of various etiologic types of cardiovascular diseases as observed in east China, b) to compare it with that in other parts of our country, with that in the Western countries, and finally, with that of a small group of Caucasian cardiac patients as observed in Shanghai, and c) to correlate, if possible the incidence of ischemic heart disease with the serum cholesterol content of healthy Chinese and of Chinese patients with coronary heart disease, and with the character of the Chinese diet.

Reference Type: Journal Article
Author: Turner, CF; Rogers, SM; Hendershot, TP; Miller, HG; Thornberry, JP
Year: 1996
Title: Improving Representation of Linguistic Minorities in Health Surveys
Journal: Public Health Reports
Volume: 111
Pages: 276-279
Keywords: health status; other (survey)
Abstract: We report here the findings of a pilot study designed to test the feasibility of using Audio-CASI to include Hispanic respondents with limited English language skills in a brief health survey. Since Audio-CASI questionnaires can be recorded in any spoken language, this system could permit routine inclusion of other linguistic minorities in future health surveys; for this reason we refer to this procedure as multilingual Audio-CASI.

Reference Type: Report
Author: U.S. Department of Health and Human Services Public Health Service
Year: 1994
Title: Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Midcourse Revisions
Institution: U.S. Department of Health and Human Services, Public Health Service, Washington D.C.
Date: 1994
Type of Work: Draft for Public Review and Comment

Keywords: health status; cultural competency; health promotion/disease prevention
Abstract: Highlights (a) "personal responsibility" and a "culture of character" as a key to improved health status of individuals nationally, (b) assuring access to health care to the "most vulnerable among us", and (c) health promotion and disease prevention to reduce wasting resources on preventable causes of death and illness (e.g. smoking, AIDS, alcohol and drug abuse, premature onset of disease).

Reference Type: Journal Article
Author: Uba, L.
Year: 1992
Title: Cultural Barriers to Health Care for Southeast Asian Refugees
Journal: Public Health Reports
Volume: 107
Issue: 5
Pages: 544-548
Keywords: SE Asian; cultural competency; immigration/refugee; medical services; alternative medicine
Abstract: Many Southeast Asians now living in the United States experience severe health problems, attributable to physical trauma and inadequate health care in Asia, and low socioeconomic status in this country. Evidence indicates that despite their health problems, Southeast Asian refugees underuse the American health care system. Cultural reasons for this underuse are examined. Southeast Asian cultural attitudes toward suffering, such as beliefs that suffering is inevitable or that one's life span is predetermined, can cause Southeast Asians not to seek health care. Cultural beliefs about the sources of illness and correspondingly appropriate forms of treatment can be a barrier to Western health care. Many lack familiarity with Western diagnostic techniques and treatments and thus are apprehensive. Health care providers' ignorance of Southeast Asian cultures can interfere with communication with patients, resulting in culturally irrelevant services or misinterpretation of side effects of Southeast Asian folk medicines. Southeast Asians' lack of familiarity with American culture can make health care services geographically and economically inaccessible and can cause Southeast Asians to be ignorant of available services or how to access them. An understanding of Southeast Asian cultures and additional outreach efforts by Western medical practitioners and health care providers are needed to improve the use of health care services by Southeast Asian refugees in this country.

Reference Type: Book Section
Author: Ujimoto, VK
Year: 1987
Title: Organizational Activities, Cultural Factors, and Well-Being of Aged Japanese Canadians.
Book Title: Ethnic Dimensions of Aging
Editor: Gelfand, DE; Barresi, C
Publisher: Springer.
City: New York
Pages: 145-160
Keywords: international; Japanese; family/caregiving/intergenerational; cultural competency
Abstract: With reference to aged Japanese Canadians, this chapter examines generational differences in the participation in organizational activities, differences in the retention of ethnic cultural factors, and their subjectively perceived well-being. Earlier studies that examined the well-being and daily activities did not go beyond conventional methodologies and reported only the frequency of participation in selected activities. Our study employs both time-budget and life-satisfaction instruments that enable us to determine (a) the social context in which various activities occurred, (b) the duration and frequency of single and muliple activities, and (c) the

general well-being or satisfaction of our aged respondents. By not having preselected activity categories and by asking respondents to record their sequence of daily events, we have the advantage of relative objectivity while at the same time preserving much of the content of daily life experiences (Moss & Lawton, 1982). In aging research, the duration of participation for some activities appears to be more important than the frequency of activity. For example, visits of several hours in duration by a relative may be more meaningful to the aged than ritualistic and much shorter visits. The time-budget methodology employed in our study permits us to secure the appropriate data on the frequency, duration, and sequence of various daily activities.

Reference Type: Report
Author: United Way of Greater Los Angeles
Year: 1996
Title: Asian Pacific Profiles: Los Angeles County
Institution: United Way of Greater Los Angeles
Keywords: API; demography
Abstract: Uses 1990 Census data for Los Angeles County to describe 13 API groups resident in Los Angeles County, CA.

Reference Type: Journal Article
Author: US Census Bureau
Year: 1993
Title: One if Four of Nation's Foreign Born Arrived Since 1985
Journal: Census and You
Volume: 28
Issue: 2
Pages: 1
Keywords: immigration/refugee; demography
Abstract: Nearly one-fourth of the United States' nearly 20 million foreign-born residents entered the country between 1985 and 1990, according to tabulations from the 1990 census.

Reference Type: Book Section
Author: Valle, R
Year: 1981
Title: Natural Support Systems, Minority Groups, and the Late Life Dementias: Implications for Service Delivery, Research, and Policy
Book Title: Clinical Aspects of Alzheimer's Disease and Senile Dementia
Editor: Miller, NE. Cohen, GD.
Publisher: Raven
City: New York
Pages: 277-299
Keywords: API; mental health; demography; family/caregiving/intergenerational
Abstract: There is a need to focus attention on the presence and impact of the later life dementias among minority elderly. A premise of this analysis is that caregivers in the 1980s and succeeding years can expect to see more minority elderly than ever before. This may come about not because of a new-found affinity for services but rather from the sheer presence of greater real numbers of such elderly in the social environment. Preliminary data, however sketchy, indicated that life expectancy is increasing for members of these groups, although the general estimate of 67 years for non-Whites still falls behind that of 72 years for Whites (see appendix Table 5). Also internal to their respective minority subgroups, the ratio of elderly to other age cohorts is increasing. For example, among the two largest minorities, Hispanics and Blacks, the percentage of elderly is beginning to approximate that of the elderly in the general

White population (See Table 2). Given these trends, there is every likelihood that many more minority aged demented persons will begin to surface.

Reference Type: Book Section
Author: Valle, R
Year: 1989
Title: US Ethnic Minority Group Access to Long-Term Care
Book Title: Caring for an Aging World: International Models for Long-Term Care, Financing, and Delivery
Editor: Schwab, T
Publisher: McGraw-Hill Information Services Company.
City: New York
Pages: 339-365
Keywords: cultural competency; other
Abstract: The emphasis in this chapter will be somewhat different though, with regard to the discussion of access to long-term care services by ethnic minority populations. It is not that the disorder of the present system lacks importance for the members of these groups. In actual fact, the condition of current long-term care system only makes it less likely that ethnic minority populations will have their needs met relative to their underclass status within the broader society (Stanford and Lockery, 1983). Rather, the intent here is to delineate those principles which will provide a proactive strategy leading to the inclusion of culturally diverse populations within any forthcoming actions to improve and/or redesign the long term care system. What has taken place to date with regard to general exclusion of ethnic minority populations from long-term care is lamentable, but unfortunately, not alterable. What we can do, though, is incorporate cross-cultural accessibility into the long-term care system as it evolves in the future. In this context it is important to examine the barriers to the use of the long-term care system by ethnic minority groups and to suggest ways around these barriers.

Reference Type: Journal Article
Author: Van Hook, J.; Bean, F.D.
Year: 1999
Title: The growth of noncitizen SSI caseloads 1979-1996: aging versus new immigrant effects
Journal: Journals of Gerontlogy: SOCIAL SCIENCES
Volume: 54B
Issue: 1
Pages: S16-S23
Keywords: immigration/refugee; other (SSI)
Abstract: The goal of this research is to assess the degree to which the recent growth in the rate of SSI usage is concentrated among recently arrived elderly immigrants or among earlier arriving immigrants who have "aged in place" and thus become eligible for benefits. We use 1980 and 1990 Census data and 1997 Current Population Survey data to examine whether the growth in the elderly noncitizen caseload during the 1980s and 1990s may be attributed to increases in rates of receipt among newly arrived elderly immigrants, to increases in rates of receipt among "settled" immigrants who have aged into categories that allow them to obtain SSI benefits, or to increases in the number of persons in each of these groups. We find that the major contribution to the growth in the noncitizen elderly SSI caseload has been the significant increase in the rate of receipt among those who have lived in the US for more than 10 years (a smaller increased occurred among recent arrivals). This factor accounts for about half of the total growth in the caseload and cannot be explained by increases in poverty among noncitizens. The idea that the availability of SSI for elderly immigrants has acted as a magnet for poor elderly immigrants, thereby accounting for the growth in the elderly immigrant SSI caseloads, curing the 1980s and 1990s, does not receive much support in the findings of this research.

Reference Type: Book Section
Author: Van Steenberg, C.; Ansak, ML.; Chin-Hansen, J.
Year: 1993
Title: On Lok's Model: Managed Long-Term Care
Book Title: Ethnic Elderly & Long Term Care
Editor: Barresi, C.; Stull, D.E.
Publisher: Springer Publishing Comapny
City: New York
Pages: 178-190
Keywords: community services
Abstract: Description of On Lok Senior Health Services: philosophy and history, principles of the On Lok/Pace Model, service delivery, financing, replication, ethnic and other special considerations.

Reference Type: Journal Article
Author: Vandiver, VL; Keopraseuth, KO
Year: 1998
Title: Family Wisdom and Clinical Support: Culturally Relevant Practice Strategies for Working with Indochinese Families who Care for a Relative with Menal Illness
Journal: New Directions for Mental Health Services
Volume: Spring
Issue: 77
Pages: 75-88
Keywords: Indochinese; mental health; family/caregiving/intergenerational; cultural competency
Abstract: Clinical issues in serving Indochinese families with a member with severe mental illness are discussed, together with culturally relevant strategies for engagement, communication, psychoeducational interventions, and reinforcing natural support systems.

Reference Type: Journal Article
Author: Verhoef, M.J.; Sutherland, L.R.
Year: 1995
Title: General Practitioners' Assessment of an Interest in Alternative Medicine in Canada
Journal: Social Science Medicine
Volume: 41
Issue: 4
Pages: 511-515
Keywords: alternative medicine; international
Abstract: Canadian physicians' opinions about alternative medicine have, as yet, not been assessed. The objectives of this pilot study were to assess general practitioners: (1) desired involvement in alternative medicine; (2) perceived demand for alternative medicine; and (3) beliefs about the efficacy of different alternative approaches. The study design was a cross-sectional survey of 400 randomly selected Alberta and Ontario general practitioners. Of the 384 eligible physicians, 200 (52%) completed the questionnaire. 73% of physicians felt that they should have some knowledge about the most important alternative treatments. However, with respect to other issues, physicians desired less involvement with alternative medicine. 65% perceived a demand for alternative medicine from their patients in particular chiropractic. Alternative medicine was perceived to be needed most for musculoskeletal problems and chronic pain or illness. Chiropractic, hypnosis and acupuncture (for chronic pain) were believed to be most efficacious, while homeopathy and reflexology were considered to be least efficacious. Undergraduate, graduate clinical and continuing medical education will need to address

alternative treatments in order to provide physicians with up-to-date and relevant information.

Reference Type: Journal Article
Author: Villa, V.M.; Wallace, S.P.; Moon, A.; Lubben, J.L.
Year: 1997
Title: A Comparative Analysis of Chronic Disease Prevalence among Older Koreans and Non-Hispanic Whites
Journal: Family & Community Health
Volume: 20
Issue: 2
Pages: 1-12
Keywords: Korean; disease; health status; cultural competency
Abstract: This article presents a comparative analysis of chronic disease prevalence among older Koreans and non-Hispanic whites residing in Los Angeles County. The authors conducted a multivariate analysis that explores the impact of socioeconomic status, other sociodemographic variables, and social isolation on disease prevalence. The results reveal that while older Koreans have a higher prevalence of chronic kidney disease and diabetes, older non-Hispanic whites are disadvantaged for stroke and cancer. Furthermore, socioeconomic status indicators do not eliminate ethnic differences in disease in any substantial way. Health prevention and promotion intervention should consider the effect that Korean health practices may have on disease, as well as the role that cultural values, beliefs, and attitudes may have on the management of chronic disease and prevention efforts among the Korean population.

Reference Type: Book Section
Author: Wada, S.
Year: 1995
Title: The Status and Image of the Elderly in Japan; Understanding the Paternalistic Ideology
Book Title: Images of Aging: Cultural Representations of Later Life
Editor: Featherstone, M.; Wernick, A.
City: London
Pages: 48-59
Keywords: international; Japanese; cultural competency; demography
Abstract: A look at the impact of modernization on aging in Japan.

Reference Type: Journal Article
Author: Wallace, S.P.; Villa, V.; Moon, A.; Lubben, J.L.
Year: 1996
Title: Health Practices of Korean Elderly People: National Health Promotion Priorities and Minority Community Needs
Journal: Family & Community Health
Volume: 19
Issue: 2
Pages: 29-42
Keywords: health promotion; API; Korean; cultural competency
Abstract: This article uses 1993 to 1994 data on 213 Korean and 201 non-Hispanic white people age 65 and over who lived in Los Angeles County to compare, by ethnicity and gender, health behaviors that may influence the health of older people. The older Koreans practiced a somewhat higher number of healthy behaviors overall, but smoking cessation for older Koreans mean an increased exercise for older Korean women were specific areas needing attention. Limited English-speaking ability and educational levels of the older Koreans make it imperative that health promotion activities for older Koreans use community based organizations that can

reach the older Koreans in an effective manner.

Reference Type: Journal Article
Author: Wallace, P.E.; Ermer, C.M.; Motshabi, D.M.
Year: 1996
Title: Managing Diversity: A Senior Management Perspective
Journal: Hospital & Health Services Administration
Volume: 41
Issue: 1
Pages: 91-104
Keywords: cultural competency; other (management); medical services
Abstract: Diversity and managing diverse workgroups have become strategic imperatives for many organizations. Corporations are developing programs and opportunities to increase the participation of their employees, especially those who have not been previously included in the mainstream of their organizations. Many health care institutions are also focusing on diversity management. This study was designed to examine the manner in which diversity management is perceived and implemented by hospital executives. To determine the perception of executives, a 16-item questionnaire was developed and distributed to hospital executives. The data showed that executives in urban teaching hospitals considered their workforce diverse, and many of these organizations had implemented diversity management programs in their facilities. Surprisingly, this study found that although most executives (68%) agreed they had a diverse workforce, less than one-third (30%) of these executives had specifically developed diversity management programs in their hospitals.

Reference Type: Book Section
Author: Wallace, S.P.; Villa, V.M.
Year: 1997
Title: Caught in Hostile Cross-Fire: Public Policy and Minority Elderly in the United States
Book Title: Minorities, Aging, and Health
Editor: Markides, K.S.; Miranda, M.R.
Publisher: Sage Publication Inc.
City: Thousand Oaks
Pages: 397-420
Keywords: minority; immigration; other (policy)
Abstract: Minority elderly in the United States at the end of the 20th century find themselves in a hostile cross-fire of social policy. Historically, racial and ethnic minorities have been exploited for cheap labor and scapegoated during periods of economic downturns. Public policy has alternatively encouraged immigration and the economic improvement of minority groups, only later to marginalize and penalize some of them. The 1990s is witnessing an antiminority policy space that blames non-European immigrants and minorities for the social and economic problems generated by multinational corporations and the globalization of the economy. Added to the punitive policies aimed at minorities and non-European immigrants is a historic attack in the public policy arena on the legitimacy of the elderly. Beginning in the late 1970s and accelerating in the 1980s there has been a growing effort to counter the image of the elderly as a deserving group. The increasingly accepted public image of the elderly as generally healthy and well-off further marginalizes minority elderly who are disproportionately low-income and in poor health. Thus, policies that are punitive for minorities and immigrants are compounded by those that weaken public programs for the elderly.

Reference Type: Journal Article
Author: Wang, CY; Abbot, LJ
Year: 1998

Title: Development of a Community-Based Diabetes and Hypertension Preventive Program
Journal: Public Health Nursing
Volume: 15
Issue: 6
Pages: 406-14
Keywords: Chinese; health promotion/disease prevention; health status; cultural competency
Abstract: The purpose of this project was to develop rapport with a Chinese Community Association and then establish preventive diabetic and hypertension programs with the Chinese in Chinatown, Hawaii. Subjects were recruited from this Chinese Community Association. Two hundred Chinese responded to the invitation. Among these, 75 individuals had either Type 2 diabetes, hypertension or both. Thirty-six males and 39 females ranging in age from 51 years old to 96 years old (Mean = 71.76, SD = 9.58) participated. Surveys and educational programs were carried out in Chinese. Results were described in terms of quantitative measures (family support and health outcomes) and qualitative experiences (case studies). Case studies suggested that open-minded active listening and persistence formed the basis for developing a culturally sensitive community-based self management program for chronic diseases. Collaboration among the community, public health nurses, and diabetes nurse educators facilitated the process of community education and health promotion.

Reference Type: Journal Article
Author: Warren, R.C.; Hahn, R.A.; Bristow, L.; Yu, E.S.H.
Year: 1994
Title: Editorial: The Use of Race and Ethnicity in Public Health Surveillance
Journal: Public Health Reports
Volume: 109
Issue: 1
Pages: 4-6
Keywords: cultural competency; health promotion/disease prevention
Abstract: Conclusions to Workshop on Uses of Race & Ethnicity in Public Health Surveillance, convened 3/1-2/93 by CDC & ATSDR: (1) Concepts of race and ethnicity in surveillance systems not clearly defined or consistently measured among Federal agencies; (2) Concept of race as assessed in public health surveillance is a social measure. Biological and/or genetic reference should be made with extreme caution. Relationship between race and ethnicity needs clarification; (3) Effective use of race and ethnicity in public health surveys rests on an understanding of the socioeconomic and cultural factors that underlie differences in health status. Racial and ethnic information should be supplemented with relevant information on SES and cultural variables; (4) When information on health status of race and ethnic populations is reported the explanation should address why the information is collected, how information is collected, and what findings mean; (5) Collection of valid and reliable surveillance data is essential = race, ethnicity, ancestry, national origin have different meanings across different populations; (6) Race and ethnic populations must be involved in overall design and planning of public health survey programs and in prevention, intervention and evaluation activities directed towards improving their health status. Attempts to standardize health statistics systems on race/ethnicity among Federal agencies has not been entirely successful, but underway, particularly PHS Task Force on Minority Health Data, CDC NCHR, Bureau of Census.

Reference Type: Journal Article
Author: Wasnich, R; Yano, K; Vogel, J
Year: 1983
Title: Postmenopausal Bone Loss at Multiple Skeletal Sites: Relationship to Estrogen Use
Journal: Journal of Chronic Disease
Volume: 36

Issue: 11
Pages: 781-790
Keywords: Japanese; disease; health status
Abstract: Bone mineral content (BMC) was measured in the distal radius, proximal radius, and os calcis in 608 postmenopausal women, and the values were compared to vertebral osteoporosis and compression fractures determined radiographically, as well as to history of estrogen use. Current estrogen users had significantly higher BMC at all appendicular sites as compared to non-users. Prior estrogen users had lower appendicular BMC's than current users but they were still not significantly higher than non-users. However, radiographic assessment of the lumbar spine showed no difference in osteoporosis or compression fracture prevalence between prior users and non-users of estrogen, whereas current estrogen users had a significantly lower prevalence of osteoporosis in the spine. These findings suggest that estrogen effect on trabecular bone in the os calcis may be more transient than on cortical, appendicular bone. They also suggest that long term or permanent estrogen replacement is required to prevent spinal compression factors.

Reference Type: Journal Article
Author: Wasnich, RD; Benfante, R; Yano, K; Helibrun, L; Vogel, JM
Year: 1983
Title: Thiazide Effect on the Mineral Content of Bone
Journal: New England Journal of Medicine
Volume: 309
Issue: 6
Pages: 344-347.
Alternate Journal: New England Journal of Medicine, 309
Keywords: health status; health promotion/disease prevention
Abstract: The thiazide diuretics are known to cause calcium retention. In order to study the effect of thiazides on bone mineralization, we have measured the mineral content of bone at five sites (the distal radius, the distal ulna, the proximal radius, the proximal ulna, and the os calcis) in 1368 men with a mean age of 68 years, including 323 who were taking thiazides for hypertension. The results were adjusted for age and body mass index. Thiazide users had significantly more bone mineral content at all five sites than did non-users. Untreated hypertensive patients and persons without hypertension had comparable bone mineral content, indicating that the higher mineral content found among thiazide users is related to the drug and not to the underlying hypertension. These findings suggest the possibility of a preventive or therapeutic role for thiazides in osteoporosis.

Reference Type: Journal Article
Author: Wasnich, RD; Vogel, JM
Year: 1985
Title: Osteoporosis Among Hawaii Japanese: A Review of the Major Findings of the Kuakini Osteoporosis Study
Journal: Hawaii Medical Journal
Volume: 44
Issue: 8
Pages: 309-312.
Alternate Journal: Hawaii Medical Journal, 44 (8)
Keywords: Japanese; disease
Abstract: Fracture incidence and prevalence in terms of multiple variables have been analyzed during a five year, longitudinal study of 1400 men and 1200 women. Higher Bone Mineral Content (BMC) and lower fracture prevalence have been observed with the use of estrogen and thiazide. Prospective fracture risk prediction is also possible with BMC measurements. The

oscalcis BMC proved to be the best predictor of fracture risk. Nearly 30% of women at age 50 already have increased fracture risk. The ability to predict fracture risk will be very useful in the planning of rational osteoporosis prevention programs.

Reference Type: Book Section
Author: Weaver, JL; Constantino, JA
Year: 1976
Title: Health Care Problems of the Elderly
Book Title: Letters in Exile: An Introductory Reader on the History of Filipinos in America
Editor: Quinsaat, J
Publisher: University of California, Asian American Studies Center
City: Los Angeles
Pages: 122-130
Keywords: Filipino; health status; community services; demography; disease
Abstract: This paper presents a summary of research on the health care problems and needs of low income, elderly Pilipinos living in the United States. This group, referred to as the pioneer generation of "sacadas," are survivors of the 50,000 Pilipinos who were recruited in the 1920s and 1930s to work as agricultural laborers in the fields of Hawaii and the Pacific Coast.

Reference Type: Book Section
Author: Weaver, JL
Year: 1977
Title: Personal Health Care: A Major Concern for Minority Aged.
Book Title: Comprehensive Service Delivery Systems for the Minority Aged
Editor: Stanford, EP
Publisher: San Diego State University Center on Aging.
City: San Diego
Pages: 41-62
Keywords: health status; community services; demography; other (consumer rights)
Abstract: In the struggle to protect and extend our personal and collective well-being, government at all levels but especially the federal plays an ever-more aggressive positive role. Through enactment of consumer protection legislation, occupational safety codes and countless other devices, federal authority is being used to advance the cause of social welfare and justice. Yet for all the progress made and promised, there remain pockets of severe hardship and underservice: central cities, rural America, infant mortality and care for the elderly stand out as examples of inadequate effort.

Reference Type: Journal Article
Author: Weeks, JR; Cuellar, JB
Year: 1981
Title: The Role of Family Members in the Helping Networks of Older People
Journal: The Gerontologist
Volume: 21
Pages: 388-394.
Alternate Journal: The Gerontologist, 21
Keywords: immigration, family/caregiving, cultural competency
Abstract: The purpose of this paper was to test two hypotheses relating the role of family members in the helping network to ethnicity and migration status. Helping networks of older people in 10 different ethnic groups were examined for the extent in which they include family members. It was found that immigrants are more likely than native-born older people to have family members to turn to in times of need. Data were drawn from a survey of 1139 people.

Although older people are not generally abandoned. policy makers and senior providers need to be aware that major group differences exist in the helping networks of older people.

Reference Type: Book Section
Author: Weinstein-Shr, G.; Henkin, N.Z.
Year: 1991
Title: Continuity and Change: Intergenerational Relations in Southeast Asian Refugee Families
Book Title: Families: Intergenerational and Generational Connections
Editor: Pfeifer, S.K.; Sussman, M.B.
Publisher: Haworth Press
City: Binghamton, NY
Pages: 351-367
Keywords: SE Asian; immigration/refugee; family; cultural competency
Abstract: Although Southeast Asian refugees have been arriving steadily in the United States over the past decade, interest in their family and social structure is relatively recent. The U.S. resettlement policy has been to separate extended kinship groups, reflecting, in part, the view that separation encourages assimilation. Studies of resettlement have shown the ways in which these dispersion strategies have caused hardship. In addition to corporate kinship structures, many refugee groups have created local community organizations that function to serve members of the community while interfacing effectively with the American bureaucracy. Although the customs and cultures of the various immigrants from Southeast Asia vary widely, certain themes repeatedly arise. These include (1) filial piety, with the expectation of respect, (2) duty and reverence for elders, and (3) the principles of ancestor worship common to both Confucianism and Buddhism. Men and women have clearly defined roles in the divided labor of managing both rural and urban households.

Reference Type: Journal Article
Author: Westermeyer, J;; Wintrob, R
Year: 1979
Title: "Folk" Explanations of Mental Illness in Rural Laos
Journal: American Journal of Psychiatry
Volume: 136
Issue: 7
Pages: 901-905.
Alternate Journal: American Journal of Psychiatry, 136
Keywords: international; Laotian; mental health; cultural competency; alternative medicine
Abstract: This article examines "folk" explanations of mental illness in the Laotian culture. Differences between folk and psychiatric perspectives do not imply an innate conflict between the two systems. Rather than being mutually exclusive, the two systems can provide complementary explanations of mental and behavioral phenomena that can and generally do arouse fear, anxiety, anger and remorse.

Reference Type: Journal Article
Author: Westermeyer, J; Vang, TF
Year: 1983
Title: Migration and Mental Health Among Hmong Refugees
Journal: The Journal of Nervous and Mental Disease
Volume: 171
Issue: 2
Pages: 92-96.
Alternate Journal: The Journal of Nervous and Mental Disease, 171 (2)

Keywords: Hmong; mental health; immigration/refugee; health status
Abstract: To date there have been no epidemiological studies of a refugee population using self-rating scales. This method was used in a study of Hmong refugees in Minnesota. Self-reported symptoms were compared with premigration and postmigration factors to assess those characteristics associated with increased symptom reporting. Relatively few premigration factors influenced these self-reports, whereas several postmigration factors were significantly correlated with symptoms. These findings suggest certain interventions which might enhance the adjustment of subsequent refugees.

Reference Type: Journal Article
Author: Westermeyer, J
Year: 1985
Title: Psychiatric Diagnosis Across Cultural Boundaries
Journal: American Journal of Psychiatry
Volume: 142
Issue: 7
Pages: 798-805.
Alternate Journal: American Journal of Psychiatry, 142
Keywords: mental health; cultural competency
Abstract: Diagnosis across cultural boundaries has become a practical rather than an esoteric matter as migration, the number of effective psychiatric therapies, and access to psychiatric care have increased. Cross-cultural diagnosis involves such theoretical considerations as diagnostic categories, pathoplasticity of psychiatric disorder, so- called culture-bound syndromes.

Reference Type: Journal Article
Author: Westermeyer, J
Year: 1988
Title: DSM-111 Psychiatric Disorders Among Hmong Refugees in the United States: A Point Prevalence Study
Journal: American Journal of Psychiatry
Volume: 145
Issue: 2
Pages: 197-202.
Alternate Journal: American Journal of Psychiatry, 145 (2)
Keywords: Hmong; immigration/refugee; mental health
Abstract: The author reports on a survey of 97 Hmong adult refugees in the United States. Thirty of these refugees showed symptoms of chronic maladjustment, and 13 showed another DSM-III axis I disorder; two manifested a paranoid psychosis, and six had a major depression. There were few axis II diagnoses. Medical conditions were frequent and often psychophysiological in nature, but they were not associated with axis I disorders. Axis IV psychosocial stressors were not associated with axis I diagnoses, but subjects with an axis I disorder tended to show lower adaptive levels on axis V. The demographic condition most strongly associated with an axis I diagnosis was current status as a welfare recipient.

Reference Type: Journal Article
Author: Whistler, WA
Year: 1991
Title: Herbal Medicine in the Kingdom of Tonga
Journal: Journal of Ethnopharmacology
Volume: 31
Issue: 3

Pages: 339-72
Keywords: international; Tongan; alternative medicine
Abstract: A study of the indigenous medical practices of the Kingdom of Tonga in the South Pacific was carried out from 1983 to 1989 by interviewing over 50 traditional healers. A list of 105 plant species used medicinally in the culture was prepared, which includes scientific and tongan names, voucher specimen numbers, ailments treated and the reported frequency of usage for each plant and remedy. The uses recorded are compared to those published by previous authors in Polynesia.

Reference Type: Journal Article
Author: White, G
Year: 1982
Title: The Role of Cultural Explanations in 'Somatization' and 'Psychologization'
Journal: Social Science Medicine
Volume: 16
Pages: 1519-1530.
Alternate Journal: Soc Sci Med, 16
Keywords: Chinese; mental health; cultural competency; medical services
Abstract: Ethnographic and clinical research has described Chinese views of psycho-social distress as characterized by the somatization of illness complaints and the underutilization of mental health services. The hypothesis which states that such observed differences in American and Chinese illness behavior, including health-care decisions, derive in part from cultural modes of explaining illness and social behavior is termed the "interpretive hypothesis". This article explores this theory and the underutilization of services by this population.

Reference Type: Journal Article
Author: White, L; Petrovitch, H; Ross, GW; Masaki, KH; Abott, RD; Teng, EL; Rodriguez, BL; Blanchette, PL; Havlik, RJ; Wergowske, G; Chiu, D; Foley, DJ; Murdaugh, C; Curb, JD
Year: 1996
Title: Prevalence of Dementia in Older Japanese-American Men in Hawaii: The Honolulu-Asia Aging Study
Journal: Journal of the American Medical Association
Volume: 276
Issue: 12
Pages: 955-60
Keywords: Japanese; mental health; disease
Abstract: To determine prevalence of dementia and its subtypes in Japanese American men and compare these findings with rates reported for populations in Japan and elsewhere. The Honolulu Heart Program is a prospective population-based study of cardiovascular disease established in 1965. Prevalence estimates were computed from cases identified at the 1991 to 1993 examination. Cognitive performance was assessed using standardized methods, instruments, and diagnostic criteria. Subjects were 3734 Japanese American men (80% of surviving cohort) aged 71 through 93 years, living in the community or institutions. Prevalence of Alzheimer's disease in older Japanese American men in Hawaii appears to be higher than in Japan but similar to European-ancestry populations. Prevalence of vascular dementia appears to be slightly lower than in Japan, but higher than in European-ancestry populations. Further cross-national research with emphasis on standardized diagnostic methods is needed.

Reference Type: Journal Article
Author: Whittemore, AS
Year: 1989
Title: Colorectal Cancer Incidence Among Chinese in North America and the People's Republic

of China: Variation with Sex, Age and Anatomical Site
Journal: International Journal of Epidemiology
Volume: 18
Pages: 563-568.
Alternate Journal: International Journal of Epidemiology, 18
Keywords: Chinese; international; disease; health status
Abstract: Age-specific incidence rates for cancers of the colon and rectum are presented for Chinese in the western United States and Canada (high risk area) and in Shanghai, the People's Republic of China (low risk area). These rates are compared to those among North American whites. This article explores the results of the research.

Reference Type: Journal Article
Author: Wieland, D
Year: 1991
Title: Elder Care in North American Isma'Ili Families: A Preliminary Inquiry
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Issue: 2
Pages: 165-172
Keywords: immigration/refugee; family/caregiving; cultural competency; Khoja Isma'ilis
Abstract: The Khoja Isma'ilis, socially and geographically mobile Nizari Shiites who are followers of the Aga Khan, have migrated in recent years to many urban areas of North America from South and Central Asia and Africa. Numerous cultural, geographic, and socioeconomic factors are shaping the ways in which over 4500 Isma'ili households come to grips with providing informal long term care to aging parents. Case descriptions illustrate some important Khoja Isma'ili families must cope in coordinating, planning and delivering care to their elders. Finally, I describe a questionnaire survey designed to determine the extent and nature of Isma'ili elder care and caregiving contingency plans.

Reference Type: Journal Article
Author: Williams, C.L.
Year: 1985
Title: The Southeast Asian Refugees and Community Mental Health
Journal: Journal of Community Psychology
Volume: 13
Issue: July
Pages: 258-269
Keywords: SE Asian; immigration/refugee; mental health; other
Abstract: This article provides a summary of the descriptive information currently available to community mental health workers about the Southeast Asian refugees. A brief overview of what is known about mental health and migration and refugee status is followed by a consideration of the psychological adjustment of the Southeast Asian refugees and then a description of recent mental health intervention strategies for this population. Suggestions are made for future research and service needs.

Reference Type: Journal Article
Author: Williams, D.R.; Lavizzo-Mourey, R.; Warren, R.C.
Year: 1994
Title: The Concept of Race and Health Status in America
Journal: Public Health Reports
Volume: 109

Issue: 1
Pages: 26-41
Keywords: cultural competency; minorities; health status
Abstract: More attention needs to be given to the ways that racism, in its multiple forms, affects health status. Socioeconomic status is a central determinant of health status, overlaps the concept of race, but is not equivalent to race. Inadequate attention has been given to the range of variation in social, cultural, and health characteristics within and between racial or ethnic minority populations. There is a growing emphasis, both within and without the Federal Government, on the collection of racial or ethnic identifiers in health data systems, but noncoverage of the Asian and Pacific Islander population, Native Americans, and subgroups of the Hispanic population is still a major problem. However, for all racial or ethnic groups, we need not only more data but better data. We must be more active in directly measuring the health-related aspects of belonging to these social categories.

Reference Type: Journal Article
Author: Williams, M.V.
Year: 1995
Title: Inadequate Functional Health Literacy Among Patients at Two Public Hospitals
Journal: Journal of the American Medical Association
Volume: 274
Issue: 21
Pages: 1677-1682
Keywords: cultural competency; medical services
Abstract: This study was designed to determine the ability of patients to complete successfully basic reading and numeracy tasks required to function adequately in the health care setting. A cross-sectional survey was used in two urban, public hospitals. A total of 2659 predominantly indigent and minority patients, 1892 English-speaking and 767 Spanish-speaking, presenting for acute care were surveyed. The results showed that many patients at our institutions cannot perform the basic reading tasks required to function in the health care environment. Inadequate health literacy may be an important barrier to patients' understanding of their diagnoses and treatments, and to receiving high-quality care.

Reference Type: Journal Article
Author: Wirth, D.P.
Year: 1995
Title: The Significance of Belief and Expectancy Within the Spiritual Healing Encounter
Journal: Social Science Medicine
Volume: 41
Issue: 2
Pages: 249-260
Keywords: alternative medicine; cultural competency
Abstract: The focus of the current study was to assess the impact of healer and patient expectations on mental and physical health parameters following a spiritual healing session. A pre-post methodological design which incorporated extensive psychopsyciological health outcome measures along with independent medical diagnoses was utilized. The study was conducted in a northern California suburb of Marin County utilizing an American-born spiritual healer trained in the Philippines. The results of the study therefore suggest that high healer and patient expectancy may be important elements which can serve as both predictors as well as facilitators of the healing process. The degree of bonding or communication between the healer and patient was postulated as an important factor in this regard.

Reference Type: Journal Article

Author: Wismer, BA; Moskowitz, JM; Chen, AM; Kang, SH; Novotny, TE; Min, K; Lew, R; Tager, IB
Year: 1998
Title: Mammography and Clinical Breast Examination among Korean American Women in Two California Counties.
Journal: Preventive Medicine
Volume: 27
Issue: 1
Pages: 144-51
Keywords: Korean; health promotion/disease prevention; disease
Abstract: Mammography and clinical breast examination (CBE) are underutilized, especially by women from some racial/ethnic minorities. Few published studies of screening practices or correlates for these subgroups exist. A population-based telephone survey of 1900 Korean Americans living in two California counties was conducted. To produce population estimates of mammography and CBE testing, we adjusted frequencies to account for different selection possibilities. Multivariable logistic regression was performed to determine independent correlates of testing. The results show that estimations are lower than the Healthy People 2000 objectives as well as published estimates for other populations in the United States. Planning and implementing tailored programs to improve screening are best done using a community-sensitive approach, which, because racial/ethnic subgroups are growing, will assume increasing public health importance.

Reference Type: Journal Article
Author: Wismer, BA; Moskowitz, JM; Chen, AM; Kang, SH; Novotny, TE; Min, K; Lew, R; Tager, IB
Year: 1998
Title: Rates and Independent Correlates of Pap Smear Testing among Korean-American Women
Journal: American Journal of Public Health
Volume: 88
Issue: 4
Pages: 656-60
Keywords: Korean; health promotion/disease prevention; cultural competency
Abstract: This study reports population estimates of Pap smear testing among Korean American women and evaluates correlates of testing. Korean Americans in 2 California counties were surveyed by telephone. Frequencies were age-adjusted to the 1990 census to produce population estimates of testing. Logistic regression models were used to evaluate independent correlates of testing. Only 50% of the Korean American women surveyed had a Pap test in the previous two years. The strongest independent correlate was having a regular check-up in the previous two years (odds ratio 7.2, 95% confidence interval 4.2, 12.1) Rates of Pap smear testing among Korean American women are well below national objectives. Collaboration and community-sensitive research are essential to collect data and design programs to improve the health of ethnic minority communities.

Reference Type: Journal Article
Author: Wismer, BA; Moskowitz, JM; Chen, AM; Kang, SH; Novotny, TE; Min, K; Lew, R; Tager, IB
Year: 1998
Title: Mammography and Clinical Breast Examination among Korean American Women in two California Counties
Journal: Preventive Medicine
Volume: 27
Issue: 1

Pages: 144-151
Keywords: Korean; health promotion/disease prevention; cultural competency
Abstract: Mammography and clinical breast examination (CBE) are underutilized, especially by women from some racial/ethnic minorities. Few published studies of screening practices or correlates for these subgroups exist. A population-based telephone survey of 1,090 Korean Americans living in two California counties was conducted. To produce population estimates of mammography and CBE testing, we adjusted frequencies to account for different selection probabilities. Multivariable logistic regression was performed to determine independent correlates of testing. These estimates are lower than Healthy People 2000 objectives as well as published estimates for other populations in the United States. Planning and implementing tailored programs to improve screening are best done using a community-sensitive approach, which, because racial/ethnic subgroups are growing, will assume increasing public health importance.

Reference Type: Journal Article
Author: Wittman, M
Year: 1983
Title: Preventative Mental Health Work with the Elderly: With Special Reference to Asian/Pacific Populations
Journal: Journal of Primary Prevention
Volume: 4
Issue: 1
Pages: 54-65.
Alternate Journal: Journal of Primary Prevention, 4 (1)
Keywords: mental health; health status; community services; cultural competency
Abstract: With the emergence of primary prevention as a major concern in health and mental health it becomes important to assess the possibilities for application of knowledge from this field to improve the quality of life for vulnerable populations such as elderly Asian/Pacific Islanders. These include language, life styles, cultural practices, and poverty. Recent legislative policy has moved toward assisting these special needs.

Reference Type: Book Section
Author: Wong, AS
Year: 1977
Title: Self-Help for the Elderly
Book Title: Comprehensive Service Delivery Systems for the Minority Aged
Editor: Stanford, EP
Publisher: Campanile Press
City: San Diego, CA
Pages: 153-158
Keywords: API; community services; health status
Abstract: In the United States today, elderly Asian Americans are suffering from unprecedented problems that are devastating the lives of these aged people. The plight of elderly Asian Americans today cannot be understood apart from what happened to them in their own communities in the 1900s. The session report of the 1971 White House Conference on Aging, "The Asian Americans Elderly", buried once and for all the emasculating myth that the elderly Asian Americans do not have any problems, that Asian Americans are able to take care of their own, and that Asian American aged do not need or desire aid in any form.

Reference Type: Journal Article
Author: Wong, EF

Year: 1980
Title: Learned Helplessness: The Need for Self-Determination Among the Chinese American Elderly
Journal: Journal of Ethnic Studies
Volume: 8
Issue: 2
Pages: 45-62.
Alternate Journal: Journal of Ethnic Studies, 8 (2)
Keywords: Chinese; mental health; cultural competency
Abstract: For the benefit of the elderly and for that of the Chinese minority, explorations into the presence and the cure of learned helplessness should be initiated with the kind of urgency and concern warranted by the effects of that disorder. The growing Chinese American population has among its numbers a representative body of elderly persons, as has American society at large, whose aspirations and dreams, and whose sensitivities and compassions, have not diminished with time.

Reference Type: Journal Article
Author: Wong, MG
Year: 1984
Title: Economic Survival: The Case of Asian-American Elderly
Journal: Sociological Perspectives
Volume: 27
Issue: 2
Pages: 197-217.
Alternate Journal: Sociological Perspectives, 27 (2)
Keywords: demography; community services; health status
Abstract: The 1976 Survey of Income and Education Public Use tapes have been used to elaborate and extend previous studies on the elderly Asians in the United States and to suggest implications for public policy regarding this group. An analysis of specific demographic, socioeconomic, and housing characteristics of the elderly Asian population (separately for the Chinese, Japanese, and Filipinos) in 1976 is reported. It is concluded that although the elderly of all ethnic groups are socially and economically disadvantaged compared to the general population, the Asian elderly, particularly the elderly Chinese and Filipinos, suffer greater disadvantages than the elderly Anglos.

Reference Type: Journal Article
Author: Woo, J; Ho, SC; Yu, LM; Lau, J; Yuen, YK
Year: 1998
Title: Impact of Chronic Disease on Functional Limitations in Elderly Chinese Aged 70 Years and Over: A Cross-Sectional and Longitudinal Survey.
Journal: Journals of Gerontology. Series A, Biological Sciences and Medical Sciences
Volume: 53
Issue: 2
Pages: M102-6
Keywords: Chinese; health status; disease; international
Abstract: To examine the association of some common medical conditions with functional limitation in elderly Chinese aged 70 years and over, to estimate the percentage of disability attributable to individual diseases, and to attempt to identify predisposing factors by documenting the development of functional limitation over an 18-month period in those subjects with a particular disease who were independent initially. The cross-sectional data set consisted of 2,032 (999 M, 1,033 F) subjects aged 70 years and over recruited by random sampling (stratified by

age and sex) of all recipients of old-age and disability allowance, which covers over 90% of the elderly population. Information regarding medical condition and functional assessment of ten basic activities of daily living using the Barthel Index were obtained by personal interviews and physical assessment of the respondents at their places of residence. The longitudinal data set consisted of 1,334 subjects with no functional limitation at baseline who were alive after 18 months. Functional status was reassessed. Stroke, dementia, and fractures were the main chronic diseases associated with severe functional limitation in elderly Hong Kong Chinese. Attempts to reduce the disability burden in this population should target these diseases.

Reference Type: Journal Article
Author: Worth, RM; Kagan, A
Year: 1970
Title: Ascertainment of Men of Japanese Ancestry in Hawaii Through World War II Selective Service Registration
Journal: Journal of Chronic Disease
Volume: 23
Pages: 289-392.
Alternate Journal: Journal of Chronic Disease, 23
Keywords: Japanese; demography
Abstract: Describes the process of obtaining information on men of Japanese men living in Hawaii through WWII registration cards.

Reference Type: Journal Article
Author: Wu, FYT
Year: 1975
Title: Mandarin Speaking Aged Chinese in the Los Angeles Area
Journal: The Gerontologist
Volume: 15
Pages: 271-275.
Alternate Journal: The Gerontologist, 15
Keywords: Chinese; cultural competency; immigration/refugee
Abstract: For centuries, care of the aged was not a major social problem in China, because the Confucian teaching the HSIAO CHING of family responsibility was deeply ingrained in the Chinese culture. The change in concept of filial piety for populations in Los Angeles is discussed.

Reference Type: Journal Article
Author: Wu, AH; Ziegler, RG; Horn-Ross, PL; Nomura, AM; West, DW; Kolonel, LN; Rosenthal, JF; Hoover, RN; Pike, MC
Year: 1996
Title: Tofu and Risk of Breast Cancer in Asian-Americans
Journal: Cancer Epidemiology Biomarkers Prevention
Volume: 5
Issue: 11
Pages: 901-6
Keywords: API; disease prevention; cultural competency
Abstract: We conducted a population-based case-control study of breast cancer among Chinese-, Japanese-, and Filipino-American women in Los Angeles County MSA, San Francisco Oakland MSA, and Oahu, Hawaii. Using a common questionnaire which assessed frequency of intake of some 90 food items, 597 Asian-American women (70% of those eligible) diagnosed with incident, primary breast cancer during 1983-1987 and 966 population-based controls (75% of those eligible) were interviewed. Controls were matched to cases on age, ethnicity, and area of

residence. This analysis compares usual adult intake of soy (estimated primarily from tofu intake) among breast cancer cases and control women. After adjustment for age, ethnicity and study area, intake of tofu was more than twice as high among Asian-American women born in Asia (62 times per year) compared to those born in the US (30 times per year). Among migrants, intake of tofu decreased with years of residence in the US. Risk of breast cancer decreased with increasing frequency of intake of tofu after adjustment for age, study area, ethnicity, and migration history; the adjusted OR associated with each additional serving per week was 0.85 (95% CI = 0.74-0.99). The protective effect of high tofu intake was observed in pre- and postmenopausal women. This association remained after adjustment for selected dietary factors and menstrual and reproductive factors. However, this study was not designed specifically to investigate the role of soy intake and our assessment of soy intake may be incomplete. We cannot discount the possibility that soy intake is a marker of other protective aspects of Asian diet and/or Asian lifestyle.

Reference Type: Journal Article
Author: Yamamoto, J; Chen, C-T; Leung, J; Steinberg, A; D, Fung;
Year: 1984
Title: Diagnostic Interview Schedule: Interviews of Elderly Chinese Americans
Journal: Pacific Asian American Mental Health Research Center Research Review,
Volume: 3
Issue: 3/4
Pages: 5-7.
Alternate Journal: Pacific Asian American Mental Health Research Center Research Review, 3 (3/4)
Keywords: Japanese; mental health; immigration; demography
Abstract: This report is part of a series of studies of elderly Asian Americans in Los Angeles. These studies were initiated with Diagnostic Interview Schedule (DIS) interviews of a community sample of elderly Japanese-speaking Japanese Americans who were recruited from the community. This was followed by interviews with 20 Cantonese elders in Los Angeles. These data were collected to get a perspective on the prevalence of mental disorders among these populations of elderly.

Reference Type: Journal Article
Author: Yamamoto, J; Yamamoto, M; Steinberg, A; Machizawa, S; Araki, F; Reece, S; Leung, J; Chen, C-T; Alboran, N; Cater, R; Cabrero, J; Yap, J
Year: 1988
Title: Alcohol Abuse Among Elderly Asians in Los Angeles: A Pilot Study
Journal: Pacific Asian American Mental Health Research Center Research Review
Volume: 6
Issue: 3/4
Pages: 26-27.
Alternate Journal: Pacific Asian American Mental Health Research Center Research Review, 6 (3/4)
Keywords: immigration; disease; health status; other (drug misuse)
Abstract: This article reports the findings concerning alcohol abuse/dependence and compares them with data derived elsewhere using the same instrument. Major trends in research on Asians and alcohol is examined.

Reference Type: Journal Article
Author: Yamamoto, J; Rhee, S; Chang, DS
Year: 1994
Title: Psychiatric Disorders Among Elderly Koreans in the United States.

Journal: Community Mental Health Journal
Volume: 30
Issue: 1
Pages: 17-27.
Alternate Journal: Community Mental Health Journal, 30 (1)
Keywords: Korean; immigration/refugee; mental health; health status
Abstract: This study examines the lifetime prevalence of various psychiatric disorders among 100 Korean elderly in Los Angeles. The instrument used in this study is the Diagnostic Interview Schedule, Version III (DIS III, 1-10). The main finding is the high rate of alcoholism among the elderly Korean males in Los Angeles.

Reference Type: Journal Article
Author: Yamanaka, H; Hayashida, C
Year: 1989
Title: The Relegation of Long-Term Care Patients from the Hospital: The Impact of the Medical Profession, Demographic Policy, Ethnicity and Economic Survival of the Japanese Hospital of Hawaii in the 1930's
Journal: Hawaii Medical Journal
Volume: 48
Alternate Journal: Hawaii Medical Journal, 48.
Keywords: Japanese; immigration; health status; medical services
Abstract: The purpose of this report is to identify the factors that resulted in the emergence of care services to the elderly by a hospital in the 1930s. This study will examine both extra- and intra-organizational factors that resulted in an emphasis on geriatric care services by this ethnic community hospital in Honolulu before WWII.

Reference Type: Journal Article
Author: Yano, K; Rhoads, GG; Kagan, A
Year: 1977
Title: Coffee, Alcohol and Risk of Coronary Heart Disease Among Japanese Men Living in Hawai'i
Journal: The New England Journal of Medicine
Volume: 297
Issue: 8
Pages: 405-409
Keywords: Japanese; disease
Abstract: We examined the relation of coffee and alcohol consumption to the risk of coronary heart disease during a six-year period in a cohort of 7705 Japanese men living in Hawaii. The analysis was based on 294 new cases of coronary heart disease. There was a positive association between coffee intake and risk, but it became statistically insignificant when cigarette smoking was taken into account. There was a strong negative association between moderate alcohol consumption (up to 60 ml per day), mainly from beer, and the risk of nonfatal myocardial infarction and death from coronary heart disease. This association remained significant in multivariate analysis, taking into account smoking and other risk factors. The correlation of alcohol consumption with the level of alpha cholesterol (positive) and beta cholesterol (negative) may partly account for the observed negative association between alcohol and coronary heart disease.

Reference Type: Journal Article
Author: Yano, K.; Wasnich, RD; Vogel, JM; Heilbrun, L
Year: 1984

Title: Bone Mineral Measurements Among Middle-Aged and Elderly Japanese Residents in Hawaii
Journal: American Journal of Epidemiology
Volume: 119
Pages: 751-764.
Alternate Journal: American Journal of Epidemiology, 119
Keywords: Japanese; Hawaiian; immigration; disease; health status; health promotion
Abstract: Male subjects of the present study were recruited from the cohort of the Honolulu Heart Program, which is a prospective epidemiologic study of coronary heart disease and stroke among men of Japanese ancestry born in the years 1900-1919 and living in Oahu in 1965. A total of 8,006 men participated in the initial examination which was carried out during 1965-1968 and 7,498 men had a second examination two years after the initial examination. Of these men, approximately 12% were born in Japan and came to Hawaii as immigrants at the mean age of 14 years and 88% were born in Hawaii. In 1970, a 30% random sample of these 7,498 men was selected and determinations of their lipoprotein profile was made. 1,687 surviving men from this random sample and their wives who were of Japanese ancestry, were invited to participate in the Kuakini Osteoporosis Study reported in this article.

Reference Type: Journal Article
Author: Yano, K; Reed, D; McGee, DL
Year: 1984
Title: Ten-Year Incidence of Coronary Heart Disease in the Honolulu Heart Program
Journal: American Journal of Epidemiology
Volume: 119
Pages: 653-666.
Alternate Journal: American Journal of Epidemiology, 119
Keywords: Japanese; disease
Abstract: "In 10 years of follow-up of 7705 Japanese men living in Hawaii, aged 45-68 years and judged free of coronary heart disease (CHD) at the initial examination during 1965-1968, a total of 511 new CHD cases were identified: fatal CHD, 139; nonfatal myocardial infarction (MI), 216; acute coronary insufficiency, 55; and uncomplicated angina pectoris (AP), 101. The incidence rate of fatal CHD and nonfatal MI for this cohort is less than half the rate for US whites and approximately twice the rate for Japanese men in Japan. The relationships of 14 biologic and lifestyle characteristics measured at baseline examination to the incidence of total CHD and specific manifestations of CHD were examined in bivariate and multivariate analyses. In bivariate analyses, all variables except heart rate were significantly related to the risk of total CHD after adjustment for age. However, when an independent contribution of each variable to CHD risk was evaluated in multiple logistic analyses in which all other variables were taken into account, the numbers of risk factors retaining significant associations varied by clinical subgroup of CHD. Among the characteristics studies, systolic blood pressure was the most powerful and consistent risk factor for all manifestations except AP. Cigarette smoking showed a similar pattern. Serum cholesterol was significantly associated with fatal CHD and nonfatal MI, but its contribution to CHD risk was less potent than systolic blood pressure or cigarette smoking. Glucose intolerance was strongly associated with fatal CHD, but with no other manifestations of CHD. Alcohol consumption demonstrated a strong protective effect upon fatal CHD and nonfatal MI. Uncomplicated AP was distinguished from other CHD manifestations by the lack of association with most of the known major risk factors for CHD, including blood pressure, serum cholesterol, and cigarette smoking."

Reference Type: Journal Article
Author: Yano, K; Heilbrun, L; Wasnich, R; Hankin, H; Vogel, J.
Year: 1985

Title: The Relationship Between Diet and Bone Mineral Content of Multiple Skeletal Sites in Elderly Japanese-American Men and Women Living in Hawaii
Journal: The American Journal of Clinical Nutrition
Volume: 42
Pages: 877-888.
Alternate Journal: The American Journal of Clinical Nutrition. 42,
Keywords: Japanese; Hawaiian; disease; health promotion; health status
Abstract: The relationship of dietary intake of nutrients assessed by 24-hour recalls and supplementary intake of selected minerals and vitamins to the bone mineral content (BMC) of the radius, ulna, and os calcis measured by the photon absorption technique was cross-sectionally studied in a sample of elderly Japanese residents (208 men and 912 women) in Hawaii. Dietary intakes of milk, calcium and vitamin D were significantly and positively associated with BMC in both sexes after adjusting for age, weight, height, strenuous activity, history of nonviolent fracture, thiazide use, and estrogen use. No consistent result was obtained concerning the effects of supplementary minerals and vitamins on BMC.

Reference Type: Journal Article
Author: Yano, K; Reed, DM; Kagan, A
Year: 1985
Title: Coronary Heart Disease, Hypertension and Stroke Among Japanese-American Men in Hawaii: The Honolulu Heart Program
Journal: Hawaii Medical Journal
Volume: 44
Pages: 297-325.
Alternate Journal: Hawaii Medical Journal, 44
Keywords: Japanese; disease
Abstract: The Honolulu Heart Program (HHP) is a prospective epidemiologic investigation of coronary heart disease (CHD), hypertension and stroke among men of Japanese ancestry who were born from 1900 through 1919 and were living in Hawaii in 1965. The study began in 1965 as part of a tripartite study comparing the frequency of CHD and stroke and related factors among Japanese male populations in three geographic regions -- Japan, Hawaii, and California. It has confirmed the reported gradient in CHD and stroke mortality, prevalence and incidence among these Japanese men. Parallel studies of autopsy findings and population characteristics have supported the hypothesis that migrant Japanese men hava a higher risk of CHD and a lower risk of stroke than indigenous Japanese men because of Westernization of their lifestyles and environmental changes through migration. Also, a longterm follow-up of the 8,006 men who participated in the initial examination of HHP has provided valuable data on the incidence of cardiovascular disease and on biologic, lifestyle and psycho-social factors possibly related to etiology of CHD, hypertension and stroke.

Reference Type: Journal Article
Author: Yano, K; Reed, D.; Curb, D.; Hankin, J.; Albers, J.
Year: 1986
Title: Biological and Dietary Correlates of Plasma Lipids and Lipoproteins Among Elderly Japanese Men in Hawaii
Journal: Arteriosclerosis.
Volume: 6
Issue: 4
Pages: 442-433.
Alternate Journal: Arteriosclerosis. 6(4), 1986
Keywords: Japanese; Hawaiian; disease; health status; health promotion

Abstract: In this report, data is presented that was obtained from cross-sectional analyses of the relationship of plasma lipids and lipoproteins to biological, lifestyle, and dietary factors in a subsample of the Honolulu Heart Program cohort who were examined in 1980-1982. We also intend to test the hypothesis that nutrient intake is significantly related to plasma lipids and lipoproteins after taking account of other biological and lifestyle factors.

Reference Type: Journal Article
Author: Yee, BK
Year: 1990
Title: Gender & Family Issues in Minority Groups
Journal: Generations
Volume: 14
Issue: 3
Pages: 39-42.
Alternate Journal: Generations, 14 (3)
Keywords: immigration/refugee; family/caregiving/intergenerational; cultural competency
Abstract: This article is summarized in the conclusion as follows: "Two broad-ranging generalizations can be made regarding gender and family issues in minority groups. First, there is much diversity within each minority group. . . The second generalization is that the subgroups that make up each ethnic category share more similar life experiences with each other than with white, middle-class families. . . The diversity in the minority elderly population creates a need to tailor programmatic service-delivery efforts to reflect their heterogeneous nature.

Reference Type: Journal Article
Author: Yee, D.L.
Year: 1992
Title: Health Care Access and Advocacy for Immigrant and Other Underserved Elders
Journal: Journal of Healthcare for the Poor and Underserved
Volume: 2
Issue: 4
Pages: 448-464
Keywords: immigration/refugee; community services; demography; health status
Abstract: Little is known about health care access and advocacy for elders of color, and even less is known about immigrant elders, whose growing number is the major reason that almost one of every three older persons in the US by the year 2050 will be an elder of color. This paper explores a number of access barriers faced by underserved elders, including inequitable long-term care services and counterproductive "colorblind" approaches to caregiving. It also addresses barriers, such as problematic immigration policies, that present particular challenges to elderly immigrants. While available materials provide baseline information and help providers learn about underserved elders, real change in how target populations gain access to health and social services comes when providers make explicit efforts to improve the accessibility and quality of services.

Reference Type: Book Section
Author: Yee, D.L.
Year: 1994
Title: Health Service Policies and Programs for Elders
Book Title: Services to the Aging and Aged: Public Policies and Programs
Editor: Kim, P.K.H.
Publisher: Garland Publishing
City: New York

Pages: 259-82
Keywords: community services; family; other (policy and health care financing)
Abstract: Presents issues in health policy and service delivery with focus on the most vulnerable elders: differences in health status and service use among the aged, health care costs, the effect of the juxtaposition of acute and long-term care services on health care access, financing barriers, cost controls, colorblindness and quality of care as a context for understanding access issues.

Reference Type: Journal Article
Author: Yee, D.L.
Year: 1994
Title: Will New Settings Offer Better Work Environments for Paraprofessionals?
Journal: Generations
Volume: 29
Issue: 3
Pages: 59-64
Keywords: cultural competency; other (workforce diversity)
Abstract: Compared workforce issues in more traditional long term care settings to issues that arise in the context of newer community long term care programs. Identifies cost-effective strategies for improving workforce stability, quality of work and quality of care in various community long term care settings and presents possible career opportunities for paraprofessionals in long term care.

Reference Type: Journal Article
Author: Yee, DL
Year: 1997
Title: Can Long-Term Care Assessments be Culturally Responsive?
Journal: Generations
Volume: 21
Issue: 1,Spring
Pages: 25-29
Keywords: community services; cultural competency; other (LTC systems)
Abstract: Although features of culturally-responsive service systems in community long term care have been described, the special challenges in conducting assessments for eligibility determination and care planning in a way that recognizes cultural differences have not. The first section of this article focuses on culture as one of the features of a diverse America that is important in shaping consumer definitions and experiences when seeking help to mediate disability and sustain independent living arrangements. Next, questions are raised about ways that cultural beliefs may ascribe different meanings to worker and client interactions. For those conducting needs assessments particular challenges are outlined for understanding and struggling with ways to balance a role as an agent of a system and a client advocate. The last section offers two models or approaches for starting and sustaining a dialogue on ways in which service systems can be more responsive to clients they serve in the context of a diverse and fair society.

Reference Type: Book Section
Author: Yee, D.L.
Year: 1998
Title: Community Perceptions of Public and Private Responsibility in the Context of Cultural Diversity
Book Title: Public and Private Responsibilities in Long-Term Care: Finding the Balance

Editor: L. Walker; Bradley., E.H.; T.Wetle
Publisher: Johns Hopkins Press
City: Baltimore
Keywords: cultural competency; minorities; other (policy and health financing)
Abstract: This chapter presents concepts from a sociological perspective, focusing on the role of community and the importance of social diversity in policy planning and implementation. The centrality of culture and race/ethnicity to health beliefs, health behavior, and health care service utilization is discussed. The relevance of these perspectives to long term care financing policy is explored.

Reference Type: Book Section
Author: Yee, D.L.
Year: 1999
Title: Preventing Chronic Illness and Disability: Asian Americans
Book Title: Serving Minority Elders in the 21st Century
Editor: Wykle, M.L.; Ford, A.B.
Publisher: Springer Publishing
City: New York
Pages: 37-50
Keywords: API; demography; health status; other (policy)
Abstract: This chapter will discuss three particular areas of concern. First, it will provide some demographic information on Asian elders in America in order to point out how aggregate information about diverse groups of APIs can obscure and lead to misinformation about the most vulnerable members of these communities. Second, it will point to the salience of life chances among older Asians in America with respect to immigration cohort and ethnic / cultural identification, and how such experiences are a legacy in old age. And third, it will outline continuing and increasing concerns about service access issues experienced by older APIs in America.

Reference Type: Journal Article
Author: Yellowitz, JA; Goodman, HS; Farooq, NS
Year: 1997
Title: Knowledge, Opinions, and Practices Related to Oral Cancer: Results of Three Elderly Racial Groups
Journal: Special Care in Dentistry
Volume: 17
Issue: 3
Pages: 100-4
Keywords: Korean; disease; health promotion/disease prevention
Abstract: A study of 204 inner-city, senior center participants (ages ranged from 41-96 years) was conducted to assess their knowledge, opinions, and practices related to oral cancer. Participants were either White, African American, or of Korean descent. The interview/questionnaire revealed this cohort to lack correct knowledge of the signs, symptoms, and risk factors of oral cancer, and to have had risk behaviors associated with oral cancer. Given that oral cancer is most frequently diagnosed in those aged 65 years and older, and that this cohort tends not to obtain routine preventive oral health care, it is imperative that these seniors be educated about the risks associated with oral cancer and their needs for routine oral examinations.

Reference Type: Journal Article
Author: Yeo, G

Year: 1991
Title: Ethnogeriatric Education: Need and Content
Journal: Journal of Cross-Cultural Gerontology
Volume: 6
Pages: 229-241.
Alternate Journal: Journal of Cross-Cultural Gerontology, 6
Keywords: health status; cultural competency; other (education)
Abstract: The population of elders from ethnic minority populations in the U.S. is growing much more rapidly than the exploding older population as a whole, yet few geriatric providers are being educated concerning ethnic elders' diverse health care needs. Examples are given of the diversity of ethnic elders' health care risks, health beliefs and expectations of treatment, and utilization patterns of health care services being incorporated into ethnogeriatric curriculum being developed by the Stanford Geriatric Education Center.

Reference Type: Report
Author: Yeo, G; Hikoyeda, N
Year: 1992
Title: Cohort Analysis as a Clinical and Educational Tool in Ethnogeriatrics: Historical Profiles of Chinese, Filipino, Mexican, and African American Elders
Institution: Stanford Geriatrics Education Center
Date: 1992
Type of Work: Paper presented at conference
Report Number: 12
Label: Working Paper Series
Keywords: Chinese; Filipino; immigration/refugee; mental health
Abstract: In developing insights into the impact of ethnicity on mental health and mental health care for elders, an understanding of the historical events experienced by individuals in the older ethnic cohorts is important. This paper presents an approach for examining the cohort flow through history since the influence of historical events, such as immigration patterns and discrimination, are reflected in the values, health beliefs, illness behaviors, self-image, degree of trust, and expectations of providers held by the older persons. The historical profiles of elders from various ethnic backgrounds which result from applying this approach may be used as an educational aid in programs training health care providers in gerontology and geriatrics, and, also as a tool for organizing history taking and recording in clinical health and mental health settings.

Reference Type: Journal Article
Author: Yeo, G
Year: 1995
Title: Ethical Considerations in Asian and Pacific Island Elders
Journal: Ethnogeriatrics
Volume: 11
Pages: 139-152.
Alternate Journal: Ethnogedatrics, 11
Keywords: API; cultural competency; demography
Abstract: Unfortunately, medical providers have scant guidelines on which to rely when they are faced with ethical dilemmas in their care for elders from the burgeoning populations classified as "Asians and Pacific Islanders." The scarcity of guidelines and precedents is the result of several factors, including, the heterogeneity of the population, lumped under this designation and the general lack of attention to cultural diversity in the drive to provide a uniform approach to ethical guidance in the American health care system.

Reference Type: Journal Article
Author: Ying, YW; Akutsu, PD; Zhang, X; Huang, LN
Year: 1997
Title: Psychological Dysfunction in Southeast Asian Refugees as Mediated by Sense of Coherence
Journal: American Journal of Community Psychology
Volume: 25
Issue: 6
Pages: 839-59
Keywords: SE Asian; cultural competency; mental health
Abstract: Investigated Antonovky's (1979, 1987) construct of sense of coherence (i.e., an individual's belief that the world was comprehensible, manageable, and meaningful) as the internal psychological mechanism mediating the effects of external stressors (generalized resistance deficits) and resources on psychological dysfunction (measured by depression, anxiety, and psychosocial dysfunction) in 2,234 Vietnamese, Cambodian, Laotian, Hmong, and Chinese-Vietnamese refugees. Generalized resistance and deficits significantly predicted sense of coherence as well as psychological dysfunction. The amount of variance accounted for increased significantly when the mediating effect of sense of coherence was tested using a path analysis. Sense of coherence significantly reduced the predictive power of generalized resistance and deficits in the psychological dysfunction models. Results support the hypothesized mediating role of sense of coherence. Thus, interventions aiming to enhance Southeast Asian refugees' functioning may gain in effectiveness by targeting and promoting their sense of coherence.

Reference Type: Book Section
Author: Yip, BC
Year: 1977
Title: Home Help Program
Book Title: Comprehensive Service Delivery Systems for the Minority Aged
Editor: Stanford, EP
Publisher: Campanile Press, San Diego State University.
City: San Diego
Pages: 163-169
Keywords: API; community services
Abstract: "This presentation will examine the Home Helps Model, focus in on the manifestations of specific needs as the program progressed, and discuss the evolution of program concepts to accommodate these needs. I will share with you some of the frustrations experienced in trying to shape our client needs into a preconceived model, and the eventual, more satisfactory state of accepting the fact that the model had to "give." I will conclude with some recommendations for effectively serving Pan Asian elderly."

Reference Type: Book Section
Author: Yip, B.
Year: 1981
Title: Accessibility to Services for Pan-Asian Elderly: Fact or Fiction?
Book Title: Minority Aging
Publisher: The Campanile Press
City: San Diego
Volume: 7
Pages: 121-122
Keywords: API; community services; medical services/hospitals/doctors
Abstract: Accessibility to services for minority elderly as provided under the Older Americans

Act, and the related question of whether Pan Asian elderly would use those services if they were accessible, is the most important issue to be discussed at the upcoming White House Conference on Aging. The rationale for placing this issue above other issues such as health care, housing or income is the very obvious fact that even if these basic services were available in sufficient quantity, unless they were also accessible to all segments of the senior population, the utilization of such services would be less than expected and inequitable.

Reference Type: Book Section
Author: Yip, BC
Year: 1990
Title: Impact of Mental Illness on Support Networks from a Community Based, Multi-Service Organization Perspective: The Union of Pan Asian Communities.
Book Title: Ethnicity and Aging: Mental Health Issues
Editor: Stanford, EP; Lockery, SA; Schoenrock, S
Publisher: San Diego State University, University Center on Aging.
City: San Diego, CA
Pages: 33-39
Keywords: community services; API
Abstract: Describes findings of outreach and information/assistance efforts of a community based agency in San Diego, CA. Particularly emphasized is the difficulty of Asian elders to get needed services, in part due to language barriers as well as cultural and economic barriers.

Reference Type: Journal Article
Author: Yoon, E.; Chien, F.
Year: 1996
Title: Asian American and Pacific Islander Health: A Paradigm for Minority Health
Journal: Journal of the American Medical Association
Volume: 275
Issue: 9
Pages: 736-737
Keywords: API; demography; other (research); cultural competency
Abstract: Minority health epidemiology has typically focused on African, Hispanic, and Native Americans, but changing demographics are expanding these categories. Asian Americans and Pacific Islanders (AAPIs), the fastest growing minority in the United States, are projected to number 10 million by the year 2000. The number of AAPIs increased by 127.5% from 1970 to 1980 and by 108% from 1980 to 1990, to a current total of 7.3 million, 3% of the US population. Such rapid growth is unprecedented and unanticipated. As this population has grown, information about AAPI health has proliferated. The new data show how previous data collection, which focused on limited concepts of race, oversimplified the entire ethnic diversity of AAPI health.

Reference Type: Journal Article
Author: Yoshikawa, T.T.
Year: 1996
Title: Managed Care and Capitation or Unmanaged Care and Decapitation for the Elderly?
Journal: Clinical Geriatrics
Volume: 4
Issue: 13
Pages: 15-16
Keywords: other (managed care); medical services
Abstract: Despite these directions in funding of health care, geriatricians and other health care

providers of elderly patients must be extremely cautious of the potential - and real - abuses of quality of care that can occur under the new system of care delivery. I want to share with readers two experiences that reflect the real dangers that can occur under managed care and a capitated health-care payment system. I call this "unmanaged care." If we fail to respond to these inequities and shortcomings, we have "buried or heads" or figuratively speaking, committed social and moral "decapitation."

Reference Type: Journal Article
Author: Young, JJ; Watanabe, D
Year: 1994
Title: API Aging Issues for the White House
Journal: Asian Pacific Affairs
Volume: 3
Pages: 1-6.
Alternate Journal: Asian Pacific Affairs, 3
Keywords: other (policy)
Abstract: Summarizes the findings of a series of meetings in preparation for the 1990 White House Conference on Aging. Recommendations are also outlined which formed an agenda for Asian American and Pacific Islander delegates to the WHCOA.

Reference Type: Book
Author: Young, JJ; Gu, N
Year: 1995
Title: Demographic and Socioeconomic Characteristics of Elderly Asian and Pacific Island Americans
Publisher: National Asian Pacific Center on Aging.
City: Seattle
Keywords: API; demography
Abstract: Conducted a secondary analysis of various tables from Bureau of Census reports for 1990 to profile Asian and Pacific Islander older adult populations in the U.S. Data is cited by ethnic population nationally and to a more limited extent by state.

Reference Type: Journal Article
Author: Yu, ESH; Cypress, SK
Year: 1982
Title: Visits to Physicians by Asian/Pacific Americans
Journal: Medical Care
Volume: 20
Pages: 809-820.
Alternate Journal: Medical Care, 20
Keywords: API; demography; health status; community services; cultural competency
Abstract: The purpose of this paper is to disseminate some of the findings from the 1979 National Ambulatory Medical Care Survey (NAMCS) where, for the first time in its history, data are available on the characteristics of visits to office-based physicians by Asian/Pacific Americans. The NAMCS Program is the only source for such data which is based on a national probability sample survey of physician-patient encounters. Among the findings are: 1) no significant difference was observed between Asian/Pacific Islanders and the white majority with regard to the patient's sex, return-visit ratio, or the kinds of diagnostic and therapeutic services rendered by the sampled physicians, 2) Children appear to be the major utilizers of ambulatory medical care among API, 3) In every age group, the visit rate to office-based physicians is lower for API Americans when compared with white Americans. 4) A significantly smaller percentage of

API, in contrast to other specified race/ethnic groups, had visited a physician for injury or poisoning, 5) Significantly fewer API visited a surgeon or psychiatrist. The demographic and cultural underpinnings are discussed.

Reference Type: Journal Article
Author: Yu, L. ; Wu, SC.
Year: 1985
Title: Unemployment and Family Dynamics in Meeting the Needs of Chinese Elderly in the United States
Journal: The Gerontologist
Volume: 25
Issue: 5
Pages: 472-476
Keywords: Chinese; family/caregiving/intergenerational; other (income security)
Abstract: The effects of unemployment on the discomfort level of providing financial support and housing for a group of Midwestern Chinese American elderly were examined. Married, employed females were more likely to give money to their parents and in-laws than single, unemployed respondents, and employment decreased the discomfort level of respondents who were meeting the needs of elderly relatives. Finally, one spouse's discomfort in meeting such needs affected the discomfort of the other spouse.

Reference Type: Journal Article
Author: Yu, ESH
Year: 1986
Title: Health of the Chinese Elderly in America
Journal: Research on Aging
Volume: 8
Pages: 84-1 09.
Keywords: Chinese; health status; health promotion; demography
Abstract: This article examines the mortality and morbidity patterns of Chinese elderly in America by using two established data sources: 1) the most recent vital statistics maintained by the National Center for Health Statistics, and 2) the cancer registry program called SEER maintained by the National Cancer Institute of the National Institute of Health. The results suggest that Chinese Americans are relatively healthier than white Americans, the average age-adjusted death rate being lower for Chinese than for white Americans. Details of statistics on rates of suicide, heart disease, neoplasms, and various forms of cancer are presented.

Reference Type: Journal Article
Author: Yu, E.S.H.; Liu, W.T.
Year: 1992
Title: US National Health Data on Asian Americans and Pacific Islanders: A Research Agenda for the 1990s
Journal: American Journal of Public Health
Volume: 82
Pages: 1645-1652
Keywords: Asian; demography; other (research)
Abstract: Officially APIs are the fastest growing ethnic minorities in the US (n=7.3 million). This article explores ways to improve NCHS collection of data on APIs. NCHS 'race' coding practices are reviewed, limitations noted particularly in defining numerator & denominators. There needs to be improved collection of detailed ethnicity information for numerators in at least California, New York, and Hawaii, and subsequently extend effort to 10 states where 79% of APIs reside or

to the top 15 metro areas where concentrations exist.

Reference Type: Magazine Article
Year: 1981
Title: An Aging Work Force Strains Japan's Traditions
Magazine: Business Week
Pages: 72-85
Date: April 30, 1981
Keywords: international; Japanese; demography
Abstract: Mitsubishi's bald statement is clearly a harbinger of further cracks in the cultural foundations that underlie Japanese corporate life. Behind the statement lies a profound demographic change that is skewing Japan's population more heavily toward older people (chart, page 77). Had Japan continued its two-decade pattern of double-digit economic growth, it could probably have absorbed the burgeoning number of senior citizens without much upheaval. But the huge oil price increase of 1973 abruptly braked the breathtaking growth rate. And now the combination of slower growth and an older work force is compelling Mitsubhishi -- and other companies -- to reassess the concepts of lifetime employment, loyalty, old age security, and similar values that have characterized Japanese business practices since World War II. Beyond that, it puts into question Japan's ability to compete as effectively as in the past in world markets.

Reference Type: Magazine Article
Year: 1984
Title: The Aging of Asia
Magazine: Asiaweek
Pages: 15-24
Date: August 17, 1984
Keywords: international; family/caregiving/intergenerational; demography
Abstract: Asian society is getting older. The fact may seem surprising at a time when national median ages -- at which 50% of the population is younger and 50% is older -- hover in the teens and twenties and when schools are bursting with the product of recent baby booms. But the trend is indisputable. First, families are having fewer children, which means young people will gradually constitute a smaller proportion of the population. Second, Asians are living longer than ever before, a development that speeds the tempo of the population.

Reference Type: Magazine Article
Year: 1994
Title: Race and IQ
Magazine: The New Republic
Issue Number: 4163
Pages: All
Date: Oct. 31 94
Keywords: other (race)
Abstract: The notion that there might be resilient ethnic differences in intelligence is not, we believe, an inherently racist belief. It's an empirical hypothesis, which can be examined. Since it's an idea that has fueled the most monstrous crimes in human history, it is not a hypothesis that should be explored casually or unseriously. No attentive reader can believe that Charles Murray and Richard J. Herrnstein's essay -- and the cogent responses to it -- that follow in these pages are casual or unserious. Our view, put simply, is that the burden of proof for suppression of responsible debate about a vital public issue should lie with those who want to suppress it.

The National Asian Pacific Center on Aging

Asian and Pacific Islander Elders in the U.S.: a demographic report

Authors:

Donna L. Yee, PhD
Danielle Rose, MPH
Ken Bostock, JD

Table of Contents

Chapter 1. Asian Pacific Islanders in the U.S. 1

Chapter 2. Methods 13

Chapter 3. Socio-Economic Circumstances of API Older Persons 17

- Washington State 17
  - King County — Age 55–64 22
  - King County — Age 65 and Older 24
  - Snohomish County 26
  - Snohomish County — 55–64 Year Olds 26
  - Snohomish Age 65 and Over 27
  - Pierce County 28
  - Pierce County — 55–64 Year Olds 28
  - Pierce County — 65 and Older 29
  - Thurston County 30
  - Kitsap County 31
- Alaska 32
  - 55–64 Year Olds 33
  - 65 years and older 33
- Idaho 34
  - 55–64 Year Olds (refer to Appendix C for all data on APIs in Idaho) 34
  - 65 Years and older 35

Chapter 4. Factors Affecting Health Access for API Elders 37

- Washington State — Health Access 37
  - King County — Health Access 39
  - Snohomish County — Health Access 41
  - Pierce County — Health Access 43
  - Thurston County — Health Access 44
  - Kitsap County — Health Access 46
- Alaska — Health Access 47
- Idaho — Health Access 49

Chapter 5. Discussion 51

Chapter 6. Conclusions and Commentary 61

References 67

List of Tables

Demographic Report

Table 1.1 API Population 1900–1990 ... 2
Table 3.1 Non-US Citizens 55+ in King County by API Ethnic Group ... 23
Table 4.1 Social Security for API Elders 65+ in Washington ... 38
Table 4.2 Social Security and Income for API Elders 65+ in Washington ... 38
    Table 4.3 Social Security for API Elders 65+ in King County ... 40
    Table 4.4 Social Security and Income for API Elders 65+ in King County ... 40
    Table 4.5 Social Security for API Elders 65+ in Snohomish ... 41
    Table 4.6 Social Security and Income for API Elders 65+ in Snohomish ... 42
    Table 4.7 Social Security for API Elders 65+ in Pierce ... 43
    Table 4.8 Social Security and Income for API Elders 65+ in Pierce ... 43
    Table 4.9 Social Security for API Elders 65+ in Thurston ... 44
    Table 4.10 Social Security and Income for API Elders 65+ in Thurston ... 45
    Table 4.11 Social Security for API Elders 65+ in Kitsap ... 46
    Table 4.12 Social Security and Income for API Elders 65+ in Kitsap ... 46
Table 4.13 Social Security for API Elders 65+ in Alaska ... 47
Table 4.14 Social Security and Income for API Elders 65+ in Alaska ... 48
Table 4.15 Social Security for API Elders 65+ in Idaho ... 49
Table 4.16 Social Security and Income for API Elders 65+ in Idaho ... 49
Table 5.1 Proportions of 'Young Old' in WA, AK, ID ... 52
Table 5.2 Proportion of Women by Ethnicity among 55+ in 1990 ... 52
Table 5.3. Functional Limitation Levels Among Age Cohorts of API Elders ... 59

Appendix to the Demographic Report

Appendix A

A.1 Asian Pacific Islanders 55 and over in Washington (1990) ... Appendix p. 1
A.2 Asian Pacific Islanders 55 and over in Alaska (1990) ... Appendix p. 2
A.3 Asian Pacific Islanders 55 and over in Idaho (1990) ... Appendix p. 2

Appendix B — Alaska Tables

B.1 Older Asian Pacific Islanders by Gender and Marital Status ... Appendix p. 3
B.2 Older Asian Pacific Islanders by Citizenship ... Appendix p. 3
B.3 Older Asian Pacific Islanders by English Ability ... Appendix p. 4
B.4 Older Asian Pacific Islanders by Poverty Status ... Appendix p. 4
B.5 Older Asian Pacific Islanders by Labor Force Participation ... Appendix p. 4
B.6 Older Asian Pacific Islanders by Living Arrangement ... Appendix p. 5
B.7 Older Asian Pacific Islanders by Program Eligibility ... Appendix p. 5

Appendix C — Idaho Tables

C.1 Older Asian Pacific Islanders by Gender and Marital Status .... Appendix p. 6
C.2 Older Asian Pacific Islanders by Citizenship .... Appendix p. 6
C.3 Older Asian Pacific Islanders by English Ability .... Appendix p. 7
C.4 Older Asian Pacific Islanders by Poverty Status .... Appendix p. 7
C.5 Older Asian Pacific Islanders by Labor Force Participation .... Appendix p. 7
C.6 Older Asian Pacific Islanders by Living Arrangement .... Appendix p. 8
C.7 Older Asian Pacific Islanders by Program Eligibility .... Appendix p. 8

Appendix D — Washington Tables

D.1 Older Asian Pacific Islanders by Gender and Marital Status .... Appendix p. 9
D.2 Older Asian Pacific Islanders by Citizenship .... Appendix p. 9
D.3 Older Asian Pacific Islanders by English Ability .... Appendix p. 10
D.4 Older Asian Pacific Islanders by Poverty Status .... Appendix p. 10
D.5 Older Asian Pacific Islanders by Labor Force Participation .... Appendix p. 10
D.6 Older Asian Pacific Islanders by Living Arrangement .... Appendix p. 11
D.7 Older Asian Pacific Islanders by Program Eligibility .... Appendix p. 11
D.8 Older Asian Pacific Islander Ethnic Groups in Washington Counties (55+) .... Appendix p. 11

Chapter 1. Asian Pacific Islanders in the U.S.

Overview

This report examines the demographic characteristics of Asian Pacific Islander elders (55 and older) residing in the States of Washington, Alaska, and Idaho. It is one of a series of reports to identify information and outreach strategies to assure that vulnerable populations, including Asian Pacific Islanders (API), have fair and appropriate access to information about and use of Medicare and Medicaid programs. Unless individuals understand their 'rights and responsibilities' as consumers, they are ill prepared to benefit from these resources and the ways they are designed to meet health and related needs of program participants.

After a historical overview of API populations in the US, Chapter 2 of this report goes on to describe study methods. The next chapter presents findings of an analysis of 1990 Census data to describe similarities and differences among ethnic groups categorized as Asian and Pacific Islander by the US government (Chapter 3. Social and Economic Circumstances of API Older Persons). In addition, Census data are used to explore the extent to which Asian and Pacific Islander populations have Medicare (i.e. Part A) and their need for assistance with health care costs (Chapter 4. Factors Affecting Health Access for API Elders). These are followed by a discussion of the findings (Chapter 5) and study conclusions and recommendations (Chapter 6).

The History of Asian Pacific Islanders in U.S.

Asian Pacific Islanders (API) come from very distinct ethnic groups with uniquely different life experiences and cultural values that ultimately impact their access and participation in health care programs. Each community has a rich and varied history and each has its own traditions. The relatively recent period of immigration for many API elders, only 20 to 30 years ago, assures that many of the traditions and cultures that immigrants bring with them will continue to play an important role in their everyday lives. Knowing who they are, where they come from and where they live is just a first step in knowing how to serve these diverse and unique populations. In this brief overview of the API immigration to the United States there is an attempt to explain why many came to this country and provide a historical context for the conflicting forces they face in the American culture.

Similar to immigrants from other parts of the world, the arrival of APIs was often sparked by internal strife in their countries of origin and economic opportunity abroad. Asian Pacific Islander immigrants come seeking a better life. In the case of API's their presence in the US has sometimes been marked from the beginning by hate and recrimination.

While landowners or industries on the U.S. mainland often recruited Asian immigrant workers in the late 1800s and early 1900s, these "foreign" workers weren't welcomed by other workers and often faced outright hostility from those who believed their jobs were threatened. This perception was fueled by the fact that API's were often brought in as cheaper labor and were used to break strikes by workers seeking to organize and unionize.

Unlike other immigrants, however, the hostility against APIs in the early days was institutionalized as laws limiting the rights of people who were not Caucasian. Punitive changes in immigration and other laws limited immigrants' rights to naturalize, own land, own businesses or to marry (men were forbidden from bringing their wives to the US from their homeland). In 1892 doors to the US closed to laborers from China by an act of Congress. Eventually, with the passage of the Immigration Act of 1917 and the 1924 Immigration and Naturalization Act the doors to the US were closed to all Asians except Filipinos who were US nationals. By 1934 Congress closed its door even to Filipinos. It was not until World War II that the doors began to slowly reopen.

Since World War II there has been a substantial increase in API immigration to the US both as a percentage and in absolute numbers, particularly from China, Taiwan, Korea, Philippines, and Southeast Asian countries. Much of this growth in the last 50 years was driven by the aftermath of World War II and later by the Korean and Vietnam Wars in combination with a change in the immigration policy that placed a high priority on family reunification. Those changes were part of the Immigration and Naturalization Act Amendments of 1965. These amendments repealed national origin quotas and established a seven-category preference system emphasizing family unification and job skills. The 1965 act is referenced in much of the following discussion.

The Korean and Vietnamese wars and the eventual revisions of immigration policies in 1965 have forever changed the face of immigrants. In the decade of the 1950's only 6 percent of the 2.5 million immigrants were API. For the decade beginning in 1980, the percentage of API immigrants grew to 45 percent of 6 million immigrants. More foreign-born permanent residents are now Asian than Mexican according to the US Census Bureau. Table 1.1 shows the growth of APIs in this country; much of it fueled by immigration from the beginning of the century until recent times. According to government reports, Filipinos and Koreans are the largest groups immigrating to the US now. These newest immigrants are largely relatives of US citizens and many are educated and employed as professionals or businessmen.

Table 1.1 API Population 1900–1990

Census year	Total US	Total API	Japanese	Chinese	Filipino	Korean	Asian Indian	Vietnamese	Other SE Asian
1900	76,212,168	204,462	85,716	118,746	—	—	—	—	—
1910	92,228,531	249,926	152,745	94,414	2,767	5,008	—	—	—
1920	106,021,568	332,432	220,596	85,202	26,634	6,181	—	—	—
1930	123,202,660	489,326	278,743	102,159	108,424	8,332	—	—	—
1940	132,165,129	489,984	285,115	106,334	98,535	8,568	—	—	—
1950	151,325,798	599,091	326,379	150,005	122,707	7,030	—	—	—
1960	179,323,175	877,934	464,332	267,292	176,310	—	—	—	—
1970	203,211,926	1,429,562	591,290	436,062	343,060	69,150	—	—	—
1980	226,545,805	3,466,421	716,331	812,178	781,894	357,393	387,223	245,025	—
1990	248,709,873	7,226,986	866,160	1,648,696	1,419,711	797,304	786,694	593,213	482,221

The following sections briefly describe the societal, cultural and economic context within which immigration occurred. While there are probably no elders still alive from the earliest immigration waves, it was a defining period in establishing certain legal barriers and patterns of discrimination that in some ways continue to exist today. These patterns in combination with the cultural and language barriers result in different attitudes and distrust within certain government agencies, and is helpful in understanding why API elders may feel more comfortable in their own communities, than in for example, mainstream senior centers or government offices.

The following immigration history is presented for two periods of time: the middle 1800's through the end of World War II, and 1945 to the present. Each major API ethnic group is highlighted below.

The Period 1850 to World War II

Chinese. While small numbers of Hawaiians and Filipinos may have preceded them, in general, the Chinese are considered the first major group of Asian immigrants to the US. Most were born in villages near the provincial capital of Guangzhou in southeastern China (i.e. Canton). In fact, until 1943, when the US reinstated Chinese entry to the US, nearly all Chinese immigrants and their descendants had been Cantonese. Most of the immigrants leaving Canton enjoyed land access to Hong Kong which was controlled by the British (1842–1997), and Hong Kong was a relatively easy way of leaving China to travel to Hawaii or the US mainland.

While there were forces driving Chinese immigrants out of China there were also forces attracting them to the US. The forces driving them out of China included wars, (British Opium Wars of 1839–1842 and 1856–1860), and peasant rebellions such as the Red Turban Rebellions (Takaki, 1989). At the same time there were tremendous economic opportunities in the US.

From Hawaii, plantation owners searched Asia for cheap laborers to work the land. There were also opportunities on the mainland US, including railroad building and mining (after the Gold Rush) and factory work. In time, the Chinese also began farming, running small produce markets, and laundries. Chinese only worked in a few industries because their options were constricted by race-specific laws that denied non-citizens the right to own land or certain businesses: activities construed as competitive with White workers.

As Takaki (1989) explains, after the railroads were completed, the need for cheap labor significantly diminished, signaling the end of limitless economic expansion. At the same time, popular media targeted Chinese as heathen or devils, fundamentally incapable of peaceably living with White Americans, and incapable of assimilation. Within a context of economic crisis and social strife, in 1882 Congress voted to make it unlawful for Chinese laborers to enter the United States for the next 10 years and denied naturalized citizenship to Chinese already in the US. Aimed initially at Chinese laborers, the prohibition was expanded to "all persons of Chinese race." Renewed in 1892, the Chinese Exclusion Act was extended indefinitely in 1902. The provisions of the Act were not repealed until 1952.

Filipinos. After the Spanish Armada was defeated by the American Fleet at Manila Bay in 1898, the Philippines were "acquired" for $20 million by the United States, as provided for in the Treaty of Paris which formally ended the Spanish-American War. This "special and unique" relationship between the Philippines and the US resulted in more than 100,000 able-bodied single uneducated Filipino men being recruited for work in Hawaii, California and other western states. They replaced Japanese workers whose entry had been reduced by the Gentleman's Agreement in 1907–1908. Referred to as the "brawn power" group, they were poorly paid and faced racism, oppression, and exploitation. As indentured workers, most toiled in the fields into their old age. The next significant wave of Filipino immigrants didn't occur until after World War II (Spolidoro & Demonteverde, 1998:49).

Japanese. In the 1870's Japan's economic upheaval resulted in many Japanese losing their farms. When in 1884 Japan permitted Hawaiian planters to recruit contract laborers, there was an "immigration explosion." Many Japanese worked in agriculture: on plantations in Hawaii or later in California or Washington (Takaki, 1989). Japanese immigrants were used, along with Chinese immigrants, as strike breakers to force US workers to accept low wages. After a period of rapid population growth, the Japanese like the Chinese, experienced a backlash against their presence. Unlike the Chinese, however, Japanese were not summarily excluded. Through an informal arrangement (1907–1908) between the US and Japan (Gentleman's Agreement), Japan agreed to prohibit the emigration of laborers, while the US agreed to allow the immigration of merchants, farmers, and the wives and children of Japanese men already in the US (Allen & Turner, 1997).

The change in immigration laws led to what Takaki calls, a large flow of "picture brides", i.e. women chosen on the basis of their photographs to be wives of Japanese men already in the US. Since Japanese couples were allowed to start families, they were the only Asian immigrant group for many decades that created second generation Asians in America, children born in the US and therefore US citizens.

Koreans. Koreans also immigrated to the US during the late 1800's through the early part of this century, although there were fewer and they arrived over a relatively short period of time compared to the Chinese, Japanese and Filipinos. Most Koreans came to the US between 1903 and 1920. Unlike Chinese and Japanese immigrants, they were not just farmers, but also professionals. Koreans came to the US to escape poverty like the Chinese and Japanese, and they also came because of their religious beliefs. American missionaries had been successful in evangelizing Koreans to Christianity, as well as extolling the beauty and opportunities of America. Koreans saw Hawaii and US as a Promised Land (Takaki, 1989).

Undoubtedly more Koreans would have immigrated in the early part of the century except for Japanese imperialism. The Japanese government began taking control of the Korean government in 1905. From that time forward Japan sought to keep Koreans isolated. As part of that strategy they limited the number of Koreans allowed to leave the country, especially those who might organize support in calling for an end to Japanese oppression. In 1905, Japan specifically prohibited Korean emigration to Hawaii to reduce Korean-independence activities in the US and curb Korean labor competition with Japanese workers in Hawaii. Consequently, Korean migrants came in much smaller numbers compared to Chinese and Japanese (Takaki 1989).

Asian Indians. In the 1880s, Asian Indians began arriving in the US and by 1920 some 6,400 had entered. Most of Asian Indians arriving during the first wave were from Punjab and most were Sikhs. Many worked in the lumber industry in Washington State or as laborers on farms in California. The emigration of Asian Indians to the US was a byproduct of several policy changes of British colonialists in India. Seeking to develop capitalist agriculture in India, small landowners were forced to mortgage their land at high interest rates. At the same time a famine occurred which decimated their cattle and drove landowners further into debt. Again, the combination of internal strife and economic downturn combined with a promise of prosperity in the US created a pull among Asian Indians to immigrate to the US.

As Takaki (1989) explains, from the beginning Asian Indians were especially feared as labor competitors by white workers and were often victimized by white working class antagonism and violence. In September 1870, several hundred white workers stormed the Asian-Indian community in Bellingham, Washington, and drove 700 Asian Indians across the border into Canada. Two months later, white workers forcibly rounded Asian Indians in Everett and expelled them from the town.

As with other groups, after these types of incidents, US officials acted to "close the door." Between 1908 and 1920, immigration officials denied entry to about 3,453 Asian Indians, mostly on grounds that they were likely to become public charges. Previously in 1917, however, Congress designated India as one of the Asian countries in the "barred" zone and prohibited the entry of Asian-Indian laborers (Takaki, 1989).

After the enactment of the barred zone law, the question of the political status of Asian Indians already in the United States still remained, since unlike other Asian immigrants, Asian Indians were classified as Caucasian. The Federal law of 1790 had reserved naturalized citizenship to "whites" only providing a basis for excluding Chinese, Japanese and Korean immigrants from citizenship. Unfortunately for the Asian Indian immigrants, elected officials and the Supreme Court acted together to deny their rights.

In 1923, in U.S. v. Bhagat Singh Thind, the Supreme Court ruled that Asian Indians were ineligible to naturalization. Arguing that the definition of race be based on the "understanding of the common man," the Court held that the term "white person" meant an immigrant from northern or western Europe. Thus Asian Indians, while classified as Caucasian were not "white." For immigrants who had naturalized, they were literally stripped of US citizenship and land ownership. Many Asian Indians returned to laborer status, after losing their right to own land (Takaki, 1989).

Impact of World War II to Present

Filipinos. The Philippines became an independent republic on July 4, 1946 but continued to maintain close ties to the United States. Military and economic agreements were forged as the former colony struggled to recover from the devastation of World War II. Military agreements allowed thousands of Filipino men to enlist in the U.S. Armed Forces annually. With the exception of the very few who were accepted at U.S. military and naval academies, the vast majority served in low-skilled, low-paying jobs on US naval ships and military installations all over the world.

Filipinos working in the military constituted a "second wave" of immigrants to the US. Most saved their earnings, sent money home to help meet family needs, and provided for the education of their children at colleges and universities. They also established enclaves to foster a sense of Filipino community at various naval and military bases (Spolidoro & Demonteverde, 1998).

Pacific Islanders. Another impact of World War II was an increased immigration of Pacific Islanders to the US mainland. Because of the military activity in Japan, the Philippines and Pacific Islands, the US military expanded its presence in the South Pacific. This expansion translated into a dramatic increase in a number of military bases on the Pacific Islands. The bases created economic opportunity and increased the mobility of Pacific Islanders. For example, Samoans and Guamanians traveled to the US for education and employment opportunities. People from the American Samoa and Guam are U.S. nationals, facilitating travel between these countries of origin and the US. In general the largest recent migration stream from the Pacific Islands is from (and through) American Samoa.

Rapid population growth and lack of job opportunities in the islands caused young Tongan adults to immigrate to the US soon after World War II even though Tongans, unlike Western Samoans, did not have free access to the US. Between 1960 and 1970 large numbers of Tongan students immigrated to Hawaii and the US mainland to further their education and improve their living standards. While Tongan immigration has been in reaction to the general economic situation in Tonga, religion also played a part. Mormon Church activities attracted students and other potential immigrants to the US (Spolidoro & Demonteverde, 1998).

Japanese. For Japanese Americans, the greatest impact of World War II is the internment camps. In terms of interstate migration, many opted to stay in areas where they were interned. For example, in Idaho, there are currently 1,084 Japanese American elders residing in the State.

It is likely that many of Japanese elders in Idaho were former internees at the Minidoka Relocation Center in Jerome County. Almost three-fourths of Minidoka's internees were from King County, Washington, and about an eighth were from Pierce County Washington. Because Minidoka was regarded as the "best" of the camps and security was lighter there than at other camps, some Japanese may have decided to continue living in Idaho after World War II (Japanese American National Museum 1998).

After World War II: The Immigration and Nationality Act Amendments of 1965

The 1965 Immigration and Nationality Act, which took full effect in 1968, abolished a quota system that had rationed entry of immigrants on the basis of national origin or race. Instead, family reunification was given a high priority: a limit was established for 290,000 entrants to the US per year overall. Prominent among the new arrivals during this period are Filipinos, Chinese (from China, Taiwan and Hong Kong), Asian Indians and Koreans.

Many early immigrants arriving under the new law provisions used occupational preferences, especially the third preference favoring professionals and scientists. The result was an immigration stream of more highly qualified and trained individuals than at any other time in US history. As these immigrants became established, they sponsored migration of other family members under the family reunification categories.

Filipinos, Asian Indians, and Koreans are the best examples of how the 1965 amendments were used to transform Asian immigration. In the late 1960s, about 45 percent of Filipino immigrants entered under professional and 55 percent under family unification categories. Within a few years, however, family networks developed that enabled naturalized citizens to take advantage of reunification categories. By 1976 Filipino immigration in occupational categories had diminished to 12 percent compared to 88 percent in family categories. About 64 percent of all Koreans entered under family categories in 1969 compared to over 90 percent in 1990. For Asian Indians, the figures were 27 percent in 1969 and about 90 percent in 1990. In the late 1960s and early 1970s, Koreans and Asian Indians also took advantage of a non-preference investor category.

About 12 percent of all Koreans and 27 percent of Asian Indians entered as investors at this time. Investor visas became unavailable in 1978 (Barringer Gardner Levin 1993).

According to Takaki (1989), second-wave newcomers are strikingly different from earlier immigrants. They include significant numbers of professional and urban individuals, in contrast to farmers and rural individuals prior to World War II. Post-1965 Asian arrivals have been entering a high technology, service economy rather than an industrialized and agricultural one.

Chinese. Most immigrants from China arriving before the turn of the century were from Canton, and most spoke one language, Cantonese. In contrast, Chinese arriving after 1965 came from many different parts of China, and spoke different dialects of Chinese. Indeed, Mandarin may become as common a dialect as Cantonese in some Chinese elder communities. More recent Chinese immigrants may have different religious and cultural preferences as well as political perspectives, depending on whether they immigrated from the People's Republic of China, Hong Kong or Taiwan. Many arrived as refugees from the People's Republic of China, and emigrated from a second point of departure such as Hong Kong, Macau, Burma or Taiwan. While the first wave were mostly men, the new wave is largely women.

The Chinese newcomers arriving after 1965 represent the third largest group of immigrants to the US, after Mexicans and Filipinos. In this period, Chinese communities have been radically transformed from being 61 percent American-born to 63 percent foreign-born. The Chinese community became an immigrant community again.

During the 1960s, Chinese students, who flocked to the US to pursue higher education, were later able to find employment and acquire Labor Department certification as immigrants under the preference category for skilled workers. In this way large numbers of Chinese were able to change their status from foreign student to immigrant. Once they had become skilled workers in the US, many expanded their kin network by sponsoring family members as immigrants to the US.

As with earlier immigrant waves, newcomers left China to avoid political conflict and instability. While some of these immigrants are high-income earning professionals, many are low-income laborers in service sector jobs (i.e. in restaurants and garment factories). These immigrants are not educated, and have few opportunities to learn English (Takaki 1989). Thus, they often remain in low-income jobs and enter old age with few assets.

Filipinos. Compared to second-wave Chinese immigrants recent Filipino immigrants have been relatively invisible. They do not concentrate in 'Manila Towns' and have not built new Filipino suburban communities. Yet, the new Filipino immigration has been larger than its Chinese counterpart: 664,938 Filipinos entered the US between 1965 and 1984. Today Filipinos present the largest API ethnic group in the US followed by the Chinese.

Filipinos include thousands of medical doctors, nurses, dentists, engineers, accountants and others with postgraduate degrees. The influx of these professional immigrants was made possible by the skilled worker preferences of the Immigration and Naturalization Act of 1965. The "brain drain" was exacerbated by poor living conditions, high unemployment, and other adverse socioeconomic conditions prevailing in the Philippines. One of the factors driving a middle class exodus was the repressive regime of President Ferdinand Marcos. Needless to say, this group is by far the most successful and affluent of all Filipino immigrant waves (Spolidoro & Demonteverde, 1998).

Since the mid-1980's a steady stream of Filipino World War II veterans have arrived in the US to obtain the US citizenship to which they were entitled on the basis of their service as members of the US Armed Forces of the Far East (USAFFE). This group was commanded by General Douglas MacArthur. They also arrive to seek redress for service benefits that they have been denied even though their service was rendered when the Philippines was still a colony of the US and its inhabitants considered US nationals. Now in their late 70s and 80s, most are frail, in need of various types of social services, live in substandard housing, and depend and on Supplemental Security Income benefits (Spolidoro & Demonteverde, 1998).

Koreans. The flow of Koreans to the US began after the Korean War, and virtually all immigration is from South Korea. A rapid shift to industrialization resulted in economic upheaval, combined with a population explosion, increased unemployment among professionals in Korea, and Korean immigration to the US. While many of the immigrants sought to work in careers for which they were trained in Korea, certification and licensing regulations in the US excludes most from high-wage professional work. Instead many Koreans become entrepreneurs, own small businesses like grocery stories and liquor stores, where an entire family (including elders) could work together to support the business and the family's success (Takaki 1989).

Asian Indians. Most of the post-1965 arrivals from South Asia emigrate from India for economic reasons. India has a substantial number of educated professionals, especially engineers and physicians who immigrate under an occupational category. Like Filipinos and Koreans, however, many face barriers to work in their profession. Like Koreans, many become small business owners and entrepreneurs (Takaki 1989).

Unlike the early Asian Indian newcomers, who were virtually all male, the second wave has been equally divided between men and women. They also arrive as settlers rather than sojourners. English-speaking and educated, second-wave immigrants come mostly from professional classes in India. After settling, younger professionals sponsor their parents to the US, many of whom are generally not as well educated or trained as their adult children. Many who arrived in their later years provide child care for grandchildren, and assist their adult children in any way possible (Takaki 1989).

Aftermath of Vietnam War: Vietnamese, Cambodian, Lao, Hmong

Since 1975 a large number of refugees from Southeast Asian countries have immigrated to the US. The pattern of arrival has not been at all smooth. Numbers of Vietnamese first peaked in 1975, when 125,000 arrived in one year. These individuals are highly trained, and well placed in their old society, representing the "elite." By the end of 1990, more than 586,000 Vietnamese refugees had arrived in the United States, following the 68,000 Vietnamese who had been admitted directly as immigrants in the previous 30 years.

By the end of 1990 refugees from Laos were about 309,000 in number, and only 2,200 Laotian immigrants had entered the US earlier. Cambodian refugees totaled about 146,000, and only 2,300 immigrants from Cambodia had arrived earlier. The greatest year for the arrival of refugees from Laos and Cambodia was 1980, when more than 55,000 and 27,000 respectively, arrived.

Immigrants poured out of Southeast Asia during these years as a result of political and economic turmoil. A massive evacuation of Vietnamese took place in the last weeks of the war in 1975 when the Saigon regime collapsed. The State of Washington officially sponsored the first group of Vietnamese from an evacuation holding station in Guam and this group formed the core of the Vietnamese community in Washington. This community includes a mixture of Vietnamese, Hoa who are ethnic Chinese from Vietnam, and Cham who are Moslems from Vietnam and Cambodia (Nomura, 1989).

Cambodians with close ties to the US as former government officials and civilian and military employees of the United States also began to settle in Washington in 1975 with the fall of Phnom Penh to the Khmer Rouge. Numbers of Laotians also began to arrive in 1975 including the Hmong, Lao and other tribal groups from this ethnically diverse region. This was followed by further waves of Southeast Asian refugees who fled new government policies in their countries.

The crackdown on ethnic Chinese in Vietnam after 1975 led to an outpouring of Hoa "boat people" in 1979 and 1980. Because of their past close military association with the US, Laotians had to flee the increasing dominance of the North Vietnamese. Cambodians fled in increasing numbers by 1980 from the 'killing fields' of the Pol Pot regime.

Vietnamese. As previously mentioned the first wave of immigrants consisted of what is considered "elite" Vietnamese: those with business, military, and/or official government relationships with the US military. For the most part, they were highly educated, able to speak English and French, and technically skilled. The second wave of immigration from Vietnam started in 1978, after three years of communist rule and extended to 1982. This wave of immigration began when the government expelled all ethnic Chinese from the country after a political dispute with China. However, even indigenous Vietnamese chose to join this wave, forging documents that identified them as ethnic Chinese. This group of refugees are often called "boat people" because they left Vietnam in boats so overcrowded that many sank a few yards from shore. A large proportion of the boat people came from rural Vietnam and were poorer, less exposed to the English language and less skilled by Western standards. Many "boat people" experienced harrowing dangers as they escaped: overcrowded on boats that were then robbed by pirates in the South China Sea and the Gulf of North Vietnam: murder and rape were common experiences for this group of refugees.

The third wave of immigration began in 1989, under two US programs offering resettlement in friendly countries: the "Orderly Departure Program" and the Humanitarian Operation Program. The Humanitarian Program ended in 1994, but some refugees continued to be admitted to the US through November 1997 due to the lengthy amount of time it took to process paperwork in Vietnam. The third wave of Vietnamese refugees are most likely to be the elder Vietnamese in need of services today.

Cambodians. In 1975 a group of ruthless, fundamentalist Communists led by Pol Pot took power in Cambodia. The Khmer Rouge initiated a three-year reign of terror and destruction. Phnom Penh, the capital, was emptied as Khmer Rouge forced residents, including many skilled workers into rural areas to work in the rice fields (Allen & Turner, 1997).

> There were 7.3 million people in Cambodia in 1975. Although no one knows for sure, estimates of the numbers of Cambodians who died under Pol Pot's regime (1975–1979) run from one million to two million. This wide range in numbers is due to the fact that there are no death lists, no missing lists. Cambodians today still cling to hopes that their loved ones will show up somewhere, at some

> refugee camp in some country. Verification of death is unusual, except by eyewitnesses. This particular time in Cambodia's history is call the "Manhantdorai," the Cambodian Holocaust. (Spolidoro & Demonteverde, 1998)

Waves of refugees left Cambodia, many of them traveling across the breadth of the country to reach camps along the Thailand border. Half a million of the most educated and technically skilled left quickly. Close to another half million were in limbo in refugee camps sponsored by the United Nations, waiting for sponsorship or for the precious visas issued by the US or other countries.

In 1978–1979, Vietnam invaded Cambodia, overthrew the government, forced Pol Pot into exile and established the People's Republic of Kampuchea. The Vietnamese later withdrew in 1989. Since 1989, Cambodia has remained deeply devastated by the effects of the "killing field" years, the instability of government and the lack of renewed economic and business infrastructures.

Lao and Hmong.

> The people of Laos knew their country would be drastically changed when Ho Chi Minh and Pol Pot came into power in Vietnam and Cambodia respectively. Even before the Pathet Lao formalized their control of Laos in August 1975, thousands of Lao people began leaving the country. For the next five years, 350,000 people fled to refugee camps in Thailand, the Philippines and elsewhere. From these refugee camps, the Lao people found havens in the United States, France, Australia and other receptive nations. (Spolidoro & Demonteverde, 1998)

Many Lao were forced to flee because of their relationship to the US military during the Vietnam/Indochina War. Those with military and civil service experience who remained in Laos were sent to re-education camps or to the countryside to perform physical labor. The Hmong were especially in jeopardy for their 10-year battle against the Pathet La.

Commentary

The history of Asian Pacific Islander immigration reveals several forces that shape API elders' perceptions of US government programs and health insurance. Chinese, Japanese, Asian Indians and Filipinos have historically faced institutionalized racial discrimination. Southeast Asians faced terrible persecution in their homeland at the hands of government officials. It should not be surprising that many immigrant elders feel they are better off by maintaining their distance from government agencies and officials.

While many of today's Chinese, Asian Indian and Filipino elders did not directly face discrimination as their parents did, they grew up in an environment where they learned that even as Americans, they did not belong. Laws on land ownership and naturalization were not reversed until after World War II. Many who are elders now grew up in the US during years when the government said they could not be citizens, could not own land, could only marry certain people, and in many cities, they could only live in certain areas.

Many of today's Japanese elders faced the discrimination in a brutal manner, through forced relocation into internment camps during World War II. They experienced the shame of false accusations that they were spies or traitors to the US. They are the generation who was forced, as American citizens, to give up their homes and farms, and live in prison-like environments because of the color of their skin. Most Japanese did not resist internment and did not speak out against it until after the 1960s when the Civil Rights Movement validated what they felt but did not dare express, that they had been mistreated.

Filipino elders faced discrimination after World War II. Many were inducted into the US military, fought side-by-side with US soldiers against the Japanese in the Philippines, and by all accounts, performed heroically. Yet, after World War II Filipinos were the only group denied veterans benefits. Filipino veterans have been unsuccessfully protesting this injustice for many years, and continue to do so. A number of veterans chained themselves to a statute of General Douglas MacArthur in Los Angeles, sadly noting that if MacArthur were here, they would not be treated so unjustly.

Rather than leaving, because the US is their home, Japanese and other Asians developed a culture of 'doing for themselves', and not depending on the government to provide for them. Rather than risk facing discrimination at parks or recreation centers, Japanese developed their own community centers. Chinese elders often expanded benevolent association roles that fostered community solidarity, banking, and dispute resolution to include burial arrangement and socialization roles. Korean and Filipino elders at times have formed senior citizens associations that provide some of the support that social service agencies typically provide. In these places, Asian elders are free to gather and speak the language of their choice, socialize and reminisce without fear that they would be seen as different, foreign or disloyal.

In contrast to the discrimination faced by the more established Asian groups in the US, the Southeast Asians faced devastation and holocaust in their homelands. After the Vietnam War, many elders fled by boat and many more lived in refugee camps for years before being accepted for entry to the US. For Cambodians, millions lost their lives, and many Cambodian elders are said to greet one another by asking how many children they had lost. For Lao and Hmong, those that assisted the US military and the CIA were later forced as well, to flee their countries and live in refugee camps for years before they moved to the US. Similar to the Filipinos, many Lao and Hmong are seeking benefits for the service they provided to the US.

This list of harsh life experiences is not intended to say that API elders are to be pitied, but to point out the injustice that many have endured, sometimes directly as a result of US laws and policies. All these things contribute to an underlying fear that while some government programs and benefits may offer assistance, they may not really be for them.

Nowhere can this be seen more clearly than with the adoption of the Personal Responsibility and Work Opportunity Reconciliation Act (1996), more commonly known as the Welfare Reform Act. In the name of cutting off "hard core" welfare cases, Congress and the Administration initially cut off the Supplemental Security Income benefits for legal immigrants. There were reports of suicide and heart attacks among elders who feared becoming a burden to their families. Again, the underlying message was reinforced, that APIs were not welcome in the US, and that public benefits were not for them. As a result, many elders may perceive all government programs as welfare and they would prefer not to accept anything that creates a perception that they are burden to others or to society.

These are the issues that must be taken into consideration before conducting outreach into API communities. These issues will never be stated explicitly, but as this chapter illustrates, there is historical precedent and experience that serve as the truth in the absence of anything different for API elders.

Chapter 2. Methods

This chapter outlines methods used to conduct a study of Asian Pacific Islander populations of older persons in the States of Washington, Alaska, and Idaho.

Data Source

The 1990 Public Use Microdata Samples (PUMS) from the United States Census Bureau is the primary source of data for this report (Census, 1992). PUMS files are machine-readable data files of records that represent 5 percent samples of the housing units in the U.S. and the persons in them. The files contain individual weights for each person which, when applied to each record, expand the sample to the total population, allowing for reasonable estimates of the population's characteristics.

The 5 percent sample file identifies every state in the nation and various subdivisions of states called Public Use Microdata Areas (PUMAs). These PUMAs are based primarily on counties, and may be whole counties, groups of counties and places. Each PUMA must contain at least 100,000 persons.

For all states, analysis is restricted to the Asian Pacific Islander (API) population 55 years and over, significantly reducing the available data. For Alaska and Idaho, only state level cross-tabulations are calculated because of this very reason. Frequencies for various ethnic groups were too low for comparison. In Washington, however, where the API population is larger, five data runs stratify data at the PUMA level. These PUMAs are chosen to correspond to the following five counties in Washington: King, Kitsap, Pierce, Snohomish, and Thurston. All calculations were performed using SPSS for Unix, Release 6.1 (AIX3.2). Results of frequencies and cross-tabulations are shown in the data tables.

Variable Definitions

The analysis selected and calculated the following variables from the data source.

Variable Name	Description	Results or Outcomes
Ethnic group	Self identified race / ethnicity of respondent	1 = Chinese or Taiwanese 2 = Filipino 3 = Japanese 4 = Korean 5 = Southeast Asian includes Vietnamese, Cambodian, Lao and Hmong 6 = Pacific Islander includes Hawaiian, Samoan, Other Polynesian, Guamanian, Other Pacific Islander 7 = Other Asian includes Asian Indian, Thai, Indonesian, Pakistani, Other Asian
Age cohort	Age group of respondent	1 = 55–64 years of age; 2 = 65–74 years of age; 3 = 75–84 years of age; 4 = 85 years and older
Sex	Gender of respondent	1= Male; 2 = Female
Marital	Marital Status of respondent	1 = Married; 2 = Not married includes widowed, divorced, separated and single/never been married
Living Arrangements	Living Arrangement of respondent	1 = respondent is the householder, and lives alone; 2 = respondent is part of a married couple; 3 = "subfamily," someone else is the primary householder; 4 = other arrangement, includes all living arrangements that are not listed above
Citizenship	US citizenship status of respondent	1 = US born; born abroad of US parents; born in a US territory (e.g., American Samoa, Guam) 2 = Naturalized US citizen 3 = Not a US citizen
English	English-speaking ability of respondent	1 = Speaks English well; Speaks English very well; and question is not applicable because s/he speaks English all the time 2 = Does not speak English well; Does not speak English at all
Employment	Participation in labor force by respondent	1 = Employed; Employed but not working 2 = Unemployed, in Armed Forces but not working, Not in Labor Force
Poverty	Income as a portion of the Federal Poverty Level	1 = question is not applicable, respondent declined to give income 2 = income is less than or equal to 100% of the Federal Poverty Level in 1990 3 = income is greater than 100% or equal to 200% of the Federal Poverty Level
Social Security	Does the respondent draw Social Security pension income?	1 = Receiving Social Security income 2 = Not receiving Social Security income
Mobility Limitation	Does respondent report difficulty going outside the home alone?	1= Yes 2 = No
Personal Care Limitation	Does respondent report difficulty in self-care (i.e. difficulty taking care of personal needs, such as bathing, dressing, or getting around inside the home?)	1 = Yes 2 = No

Limitations of the Data

Census data provides the most comprehensive information available on Asian Pacific Islanders (API) residing in the United States. Other surveys and studies may include APIs in the sample, and may report on APIs as a category, but there are often sample size problems which limit the ability to assess subgroup differences (for example, differences between Chinese and Japanese, Chinese and Southeast Asians). Census data are the only data available that include an adequate sample size for some subgroup analyses.

At the same time, there are limitations in using Census data. For example, among minority and rare populations who are particularly underrepresented and undercounted (including Asian Americans), concerns are frequently noted about adequacy and reliability of the count (Barringer, Gardner, & Levin, 1993). Furthermore, Census data do not include extensive questions on health status or health insurance coverage. While these topics are usually examined more closely in the Current Population Survey, National Health Interview Survey and Medicare Consumer Beneficiary Survey, the sample sizes of small populations such as APIs in the aggregate or by ethnic populations are too small for subgroup analysis.

Chapter 3. Socio-Economic Circumstances of API Older Persons

This chapter describes the social and economic circumstances of Asian and Pacific Islander (API) older persons in the States of Washington, Alaska and Idaho. Because the numbers of API elders are largest and differences among ethnic groups may be significant in some parts of the State, data for Washington is presented statewide, followed by descriptions of API older persons living in the five counties with the largest API populations: King, Snohomish, Pierce, Thurston, and Kitsap. These counties surround Puget Sound in western Washington. While there are established API communities in other Washington counties (e.g. Spokane), these five appear the most interesting from an ethnic-specific perspective.

Each section in this chapter and the next describes API elder populations who were enumerated in 1990 at 55–64 years of age as well as those at 65 and older. The approach enables descriptions and estimates regarding the characteristics of 'younger API elders' who will be 65–74 as well as 75 and older in the year 2000. API elder populations will be described with regard to ethnic group, gender, marital status, living arrangement, citizenship, employment, and income level. Descriptions for Washington and five selected counties will be followed by Alaska and Idaho. Tables supporting data presented are organized by State: Washington (Table A.1 in Appendix A), Alaska (Table A.2 in Appendix A), and Idaho (Table A.3 in Appendix A). Data for API ethnic groups 65 and older by Social Security status, Social Security by living arrangement, ethnic group by mobility limitation and ethnic group by personal care need for each State appear in Appendixes B, C, and D.

Washington State

Data from the 1990 Census enumerate 25,347 Asian Pacific Islander (API) elders age 55 years and older in the State of Washington. According to Young & Gu (1995), Washington ranks fifth highest in the number of Asian Pacific Islander older persons, preceded only by California, Hawaii, New York and Illinois. Washington's population represents three percent of the nation's Asian Pacific Islanders age 65 years and older. Table A.1 in Appendix A, Asian and Pacific Islanders 55 and over in Washington and for each of 5 target counties (1990) provide data discussed in the following sections.

Ethnic Groups. In 1990, Asian Pacific Islander older adults 55–64 in Washington are diverse, although not as diverse as APIs nationally. Numbering 13,149, they are 52 percent of all APIs 55 and older in Washington. The largest ethnic group is Japanese with 4,491 or one third of API elders. Filipinos number 2,895 (22 percent), Chinese (including Taiwanese) number 2412 (17 percent), and Koreans number 1,410 (11 percent) of API elders. Southeast Asians are 9 percent of APIs 55–64 and include 561 Vietnamese, 294 Lao, and 276 Cambodians. Other Asians are 4 percent of APIs (n=492) and include Asian Indians, Indonesians, Thais and Other Asians. Among Pacific Islanders (2 percent of APIs 55–64), the largest group is Hawaiian, followed by Guamanian, Samoan, other Polynesian and other Pacific Islander populations. The proportions among API ethnic groups differ from those nationally, in part because there is less diversity, and because of the large number of Japanese elders.

Asian Pacific Islanders age 65 years and older in Washington (n=12,198), are less diverse than their younger cohort. Filipinos are the largest ethnic group with almost of third of all APIs (n=3,810), followed by Japanese (3,777 or 31 percent), Chinese (2,352 or 19 percent) and Koreans (1,095 or 9 percent). Among API elders, Asian Indians (one percent), and Southeast Asians (i.e. Vietnamese, Cambodians and Lao at 3 percent) are smaller in size. Among Pacific Islanders the largest ethnic group is Guamanian (192 or 2 percent of API elders).

Gender. In the US, women 65 and older are 60 percent of the population. Among APIs the gender difference is somewhat narrower: women are 55 percent of API elders nationally. Data for Washington show more women than men among APIs age 55–64, with women representing 61 percent of the population. Among younger elders age 55–64 in 1990 greater differences in the proportion of women appear among Japanese (77 percent) and Koreans (66 percent). Among Southeast Asian elders, women are only 41 percent, and among Pacific Islanders women are only 36 percent of their ethnic groups.

Among APIs age 65 and older, women are a smaller majority (55 percent) than among 55–64 year olds. The large proportion of Japanese females present among the 55–64 group is not sustained among those 65 and older, but drops to 59 percent. Among Koreans, however, the larger proportion of women increases slightly to 68 percent. The shift in proportions of women among Japanese and Koreans support observations by Takaki (1989) and others that immigration to the US among these women was independent of their countrymen, suggesting that they were spouses of US servicemen returning from tours in Asia.

The smaller than expected ratio of women to men among 55–64 year old Taiwanese, Indonesians, Hawaiians and Other Pacific Islanders may suggest a sojourner population of men working in the US in advance of reuniting with family members in the US or their country of origin (Takaki, 1989). Among Southeast Asians (i.e. Vietnamese, Cambodian, Lao and Hmong), however, the lower proportion of women may be due to survival rates among refugees from war torn homelands. Gender differences among more established API ethnic groups (e.g. Chinese, Filipinos, Koreans) who might have benefited from family reunification policies in the US, appears to have resulted in little difference in the distributions of men and women.

Marital Status. In Washington, three-fourths of APIs age 55–64 are married. The group most likely to be married is Chinese (84 percent). Most of the other groups report marital rates similar to the average, with the exception of Southeast Asians (67 percent), primarily because only half of the Lao are currently married. The difference in rates, among ethnic groups again may reflect survival experiences among Southeast Asian refugees.

Among APIs age 65 and older, the marital rate is lower. As expected only 58 percent report being currently married. The marital rate is higher among Other Asians (73 percent) and lower among Pacific Islanders (47 percent) and Koreans (46 percent). Among older APIs (75–84 years), the marital rate declines to 46 percent and among those 85+ it declines further to 30 percent.

Citizenship. Among APIs age 55–64 in Washington, 20 percent are native born, 43 percent are naturalized, and 37 percent are not citizens in 1990. Pacific Islanders have the highest rate of US born members with 84 percent born in the US, or US territories. They are followed by Japanese with 42 percent, Chinese with 14 percent, and Other Asians with 11 percent who are US citizens by birth. Only five percent of Filipinos in this age group and less than one percent of Koreans are born in the US. There are no US born Southeast Asian elders in this age group.

The rate of US citizenship due to naturalization also differs among API groups: Filipinos are the most likely to be naturalized (57 percent), followed by Japanese (45 percent), Chinese (43 percent), Southeast Asians (36 percent), and Other Asians (34 percent). The naturalization rate among Koreans is much lower, at 27 percent. No Pacific Islanders are naturalized citizens among 55–64 year olds.

Among API elders who are not citizens, Koreans are the largest group (72 percent), followed by Other Asians such as Asian Indians, Thai, and Indonesians (65 percent), and Southeast Asians (64 percent). Among Pacific Islanders only 16 percent are non-citizens, and among Chinese and Japanese elders, only 14 percent are non-citizens among 55–64 year olds.

Among APIs 65 and older, data indicate that nearly 60 percent are US citizens by birth or naturalization (Young & Gu, 1993). API elders are almost as likely to be native born US citizens (30 percent), naturalized US citizens (29 percent), or not citizens (40 percent).

Thus, Citizenship status among APIs age 65 and older overall is very similar to the national distribution for APIs: 32 percent of API elders are citizens by birth, 30 percent are naturalized citizens, and 38 percent are non-citizens.

Pacific Islanders (79 percent) and Japanese (78 percent) are the most likely API ethnic groups to be citizens by birth. For other API groups, the portion of native born seniors is very low. Among Chinese it is 18 percent, among Southeast Asians it is 5 percent, and among Filipinos it is 4 percent.

Naturalization rates among Filipinos is the highest (56 percent) among API elders, followed by Chinese (31 percent), Japanese and Other Asians (15 percent each), Koreans (12 percent), and Southeast Asians and Pacific Islanders (9 percent each).

Among API elders most likely to be non-citizens are those groups whose arrival is the most recent. Southeast Asians (85 percent), Other Asians (85 percent) and Koreans (84 percent) are largely non-citizen groups. In addition, half of Chinese, 40 percent of Filipinos, but only 9 percent of Pacific Islanders and 7 percent of Japanese are not citizens. As noted in Chapter 1, Japanese are the most likely among APIs to be US born. This is because they are the only immigrant group among Asians that substantially included women prior to WW II, even though their immigration levels decreased substantially thereafter. As well, most Pacific Islanders are born in US territories (e.g. Guam and American Samoa).

Koreans and Southeast Asians (Vietnamese, Cambodians, Lao and Hmong), and Other Asians (i.e. Asian Indians) are the least likely API elders to be US citizens, followed by Chinese. The smaller portion of citizens in these groups is not surprising, since large numbers of immigrants from these countries arrived after 1965 as part of family reunification or refugee policies, and had been less likely to be pressured to become citizens immediately.

English. Seventy-two percent of APIs age 55–64 report speaking English well, very well, or were not required to answer the question because they speak English all the time. The proportion of English-speaking API elders in Washington is much higher than the national average for API elders (40 percent). At the same time, it is important to note that 18 percent reported not speaking English well, and about 10 percent reported speaking no English at all.

Consistent with the higher rates of those born in the US, API elders most likely to speak English well include Japanese (93 percent) and Pacific Islanders(92 percent) as well as most (83 percent) of the Other Asians (i.e. Asian Indians, Thai and Indonesians) and 82 percent of Filipinos. The proportion drops dramatically for Chinese and Koreans, among whom only half report speaking English well. Fewer than one in three Southeast Asian elders report speaking English well.

Among APIs 55–64 in Washington, Southeast Asians (30 percent), Chinese (25 percent), Koreans (21 percent) and Filipinos (5 percent) report speaking no English at all.

Among APIs who are 65 and older, more than two-thirds report speaking English well. The large proportion is partly attributed to Pacific Islanders (99 percent), Japanese (87 percent) and Filipinos (77 percent) who all report speaking English well. Among Other Asians and Chinese, the portion who report speaking English well is closer to one-half. A little more than one in four Korean elders report speaking English well, as do only 23 percent of Southeast Asians.

The percentage of Asian Pacific Islanders who say they speak no English is higher among those 65 and older than among 55–64. Forty-two percent of Southeast Asians 65+ say they do not speak English at all, as do 35 percent of Korean seniors, and 30 percent of Chinese seniors.

Poverty Status. According to Young & Gu (1993), the poverty rate for API older persons is about the same as for all older persons nationally (12 percent). For Black (30 percent), American Indian (29 percent) and Hispanic (21 percent) elders poverty rates in 1990 are much higher than the national rate. For API elders, however, aggregate numbers mask important variation among ethnic groups. The poverty rate (income less than or equal to 100 percent of the Federal Poverty Level) for APIs 55–64 (who are likely to be working) is 9 percent. Fifteen percent of APIs in this age group report income levels of 101–200 percent of the Federal Poverty Level, and 76 percent report income greater than 200 percent of the Federal Poverty Level.

While the overall poverty rate for APIs is a low 9 percent, it is even lower for Filipino and Japanese elders (3 percent), but is higher for Chinese (11 percent), Korean (12 percent), Other Asians (13 percent) and Pacific Islanders (14 percent) in this age group. The poverty rate is the highest for Southeast Asians (36 percent).

Among APIs 55–64 with income greater than 200 percent above the Federal Poverty Level, Filipinos (86 percent), Japanese (90 percent), and three-quarters of Other Asians are at this income level. In addition, 70 percent of Pacific Islanders, two-thirds of Chinese, 54 percent of Koreans, and 51 percent of Southeast Asians report income at 200 percent of the Federal Poverty Level.

Employment. Part of the relatively low poverty rates among APIs age 55–64 may be partially explained by high labor force participation. In Washington State, the overall labor force participation rate for Asian Pacific Islander elders is 52 percent. Labor force participation is highest among Other Asians (62 percent), followed by Filipinos (59 percent), Chinese (54 percent) and Japanese (52 percent). Korean and Pacific Islander elders also have a high employment rate, 46 percent. Only Southeast Asian elders have a relatively low participation rate (30 percent) among this age group.

In general, few API older persons describe themselves as unemployed (4 percent), with the exception of Koreans (8 percent) and Other Asians (7 percent). Most APIs reported either being employed or not being in the labor force. The two largest groups describing themselves as not in the labor force are Southeast Asians (68 percent) and Pacific Islanders (54 percent).

Among APIs 65 years and older, the proportion employed decreases dramatically (13 percent). This rate is about the same as the total US average of 12 percent for this age group (Young & Gu, 1993), and lower than the national average for API elders (16 percent). There are, however, higher employment rates among Chinese (18 percent), Japanese (15 percent) and Cambodians (14 percent), suggesting that many seniors continue to work because financial need. In general, most APIs appear to stop working at 65 (86 percent identify themselves as not in the labor force).

Living Arrangements. Sixteen percent of APIs age 55–64 in Washington live alone. More than two-thirds (67 percent) of elders live with a spouse, while 7 percent live as a "subfamily," with adult children or relatives. Finally, 10 percent of Asian Pacific Islander elders live in other arrangements.

Lao elders are the most likely to live alone (43 percent). As well, one-fourth of Southeast Asians live alone, followed by Japanese elders (20 percent). Chinese (11 percent) and Koreans (10 percent) are the least likely to live alone.

Pacific Islanders (78 percent) and Japanese (75 percent) are most likely to live as married couples, as are Other Asians (70 percent) and about two-thirds of Chinese and Koreans. Those least likely to live as married couples are the Lao elders (31 percent) and Taiwanese (35 percent).

Only 7 percent of Asian Pacific Islander elders live as a "subfamily" with another adult (child or relative) as the primary householder. Many API ethnic groups do not have any members in this category (e.g. Japanese, Other Asian, Pacific Islander), but among Taiwanese (55 percent), Cambodians (20 percent), Filipinos (16 percent), this is a more common occurrence.

Ten percent of APIs 55–64 indicate they live in other living arrangements (possibly congregate or other settings where a family member is not the head of household). These include 15 percent of Other Asians, Southeast Asians, and Filipinos.

Among APIs 65 and older in Washington, almost one-quarter live alone, almost one-half live with a spouse, 9 percent live as a "subfamily", and about one-fifth live in an other arrangement.

Japanese (31 percent) and Pacific Islander (34 percent) elders are the most likely to live alone. In contrast, only 7 percent of Other Asians live alone. Japanese elders are also the most likely to live as a married couple (57 percent), compared to a third of Koreans, Other Asians, and Southeast Asian.

Elders who live as a "subfamily," are more likely to be Asian Indian (38 percent). Both Chinese and Southeast Asians also report living in these arrangements (14 percent). Elders least likely to live in this arrangement are Japanese (2 percent) and Koreans (5 percent).

Many elders also live in other arrangements. More than one third of Koreans and Southeast Asians live in other arrangements. About one-fourth of Filipinos and Chinese also live in other arrangements. Other Asians (20 percent), Pacific Islanders (19 percent) and Japanese (18 percent) live in other arrangements, at a rate slightly lower than the overall average.

A comparison of living arrangements among age cohorts of APIs, shows the incidence of living alone increasing with age. Sixteen percent of those 55–64 live alone, and

21 percent live alone among 65–74 year olds, 25 percent among 75–84 year olds, to nearly one third for those 85 and older. In contrast, the percentage of those living as married couples decreases. Among 55–64 year olds about two-thirds live as a married couple. This declines to half among 65–74 year olds, only one third among 75–84 year olds, and finally less than one-fifth among the 85 and older.

As mentioned earlier, 7 percent among the 55–64 year old live as a "subfamily," 9 percent among those 65–74, 8 percent among those 75–84, and 11 percent among those 85 and older. More notable is the increase of other living arrangements with age: 10 percent among those age 55–64, 17 percent among those 65–74, 31 percent among those 75–84, and 38 percent among those 85 years and older.

King County — Age 55–64

The 1990 US Census enumerated 6,906 Asian Pacific Islander elders (age 55–64) residing in King County, Washington. King County is the most densely populated and urbanized county in Washington and includes the city of Seattle, and suburban cities of Auburn, Bellevue, Bothell, Kent, and Renton. While there are 12 ethnic groups identified in the Census, for the purpose of this analysis, they have been collapsed into 7 groups (see Table A.1 in Appendix A, Asian Pacific Islanders 55 and over in Washington (1990)).

Ethnic Groups. Unlike other State and county jurisdictions described in this study, no one API ethnic group is a majority among the elder population in King County. At about one fourth of API elders each, Japanese (2,208 or 29 percent), Filipinos (1,761 or 26 percent), and Chinese (1,674 or 24 percent) are the three largest populations. The four remaining ethnic groups each represent less than 10 percent of the API elders in King County.

Gender. Men are a minority in the API elder population, representing only 43 percent of the population. When considered by ethnic groups, however, men are a majority among Chinese, Southeast Asian, Other Asian (mostly Asian Indians) and Pacific Islander communities. Among Japanese and Filipinos, however, two-thirds are women. The larger numbers of Japanese and Filipinos in King County tend to mask gender differences in the other API ethnic communities.

Marital Status. In terms of marital status, three-fourths of API elders are married (n=5,442), consistent with the national average for married API elders at 79 percent, and slightly higher than the US average of 75 percent. Elders most likely to be married are Pacific Islander (100 percent), Other Asian (mostly Asian Indian at 96 percent) and Chinese (89 percent) . Alternately, Southeast Asian have the lowest number of married elders (381 or 62 percent).

Living Arrangement. While four of five API elders report being married, fewer than two in three report living in a household with their spouse, and 8 percent report living as a "subfamily" (i.e. possibly with an adult child or relative as the primary householder). Of the remaining, 16 percent report living alone and 10 percent report that they live in another arrangement.

More Japanese elders in King County live alone (414 or 20 percent) than other API ethnic groups. A larger proportion, or almost one third of Southeast Asians, live alone (n=189), as do almost one fourth of Koreans (n=96). Japanese, Other Asians (mostly Asian Indians) and Pacific Islanders are more likely to live with a spouse. And Chinese elders are the most likely to live with someone in a "subfamily" arrangement (273 or 16 percent).

Citizenship. In King County, one fifth of API elders are US born. More than a third are naturalized US Citizens and two fifths are non-citizens. Japanese (1,173 or 58 percent) and all Pacific Islanders (n=24) were the two groups with the largest proportions of US born members. Among 2,598 naturalized elders, Filipinos were the largest group (909 or 52 percent), followed by Chinese (771 or 46 percent) and Japanese (491 or 29 percent). Finally, there are more non-citizens among API elders than US citizens. The numbers of the non-citizens is captured in Table 3.1:

Table 3.1 Non-US Citizens 55+ in King County by API Ethnic Group

Ethnic Group	Number in King County	Non-US Citizens	Percentage of Ethnic group
Chinese	3651	1662	46%
Japanese	4410	405	9%
Filipino	4482	1782	40%
Korean	858	705	82%
Southeast Asian	903	786	87%
Pacific Islander	207	87	42%
Other Asian	483	339	70%
Total APIs	14994	5766	38%

While Filipinos represent the largest group with 735 elders, they are followed closely by Chinese with 726 elders. Southeast Asian elders, with 528, have a higher proportion of non-citizens (86 percent of their population). The smaller groups of non-citizens among API elders are Koreans (n=297), Japanese (n=264), and Other Asians (n=216).

Given the number of foreign-born elders (78 percent), it is surprising so many report speaking English well (67 percent). Only one-third report not speaking English well or at all. The groups most likely to report speaking English well, very well, or all the time include all Pacific Islanders, Japanese (90 percent), and Filipinos (78 percent). The size of Japanese and Filipino groups tend to mask the importance of groups who are less likely to speak English well. Two examples of this in King County are Southeast Asians and Koreans. Almost nine in ten Southeast Asians (540 or 88 percent) say they do not speak English well or at all, and three-fourths of Koreans (n=309) report similar difficulty with English. Among Chinese, the third largest API ethnic group in King County, almost half (47 percent) report not speaking English well or at all.

Employment. Limited English proficiency appears to be negatively correlated with labor participation. While the majority of API elders (3,898 or 56 percent) are employed, there is low workforce participation among Southeast Asians. A fourth of Southeast Asians are employed, and three fourths are no longer in the labor force. Few report being unemployed. It is not clear if more want to work, but are unable to find it or if there are other issues such as physical disability that limits workforce participation. All other ethnic groups have employment levels around 60 percent, with the exception of Other Asians (mostly Asian Indians), whose workforce participation is 50 percent (n=174).

Poverty. Low workforce participation among 55–64 year olds also appears to have a negative impact on income. Southeast Asians have the lowest workforce participation and the highest rate in poverty (225 or 37 percent). In general, only 9 percent of Asian Pacific Islander elders live in poverty, with almost three-fourths reporting incomes greater than 200 percent of the Federal Poverty Level.

Southeast Asians have the largest percentage of 55–64 year olds in poverty. The largest number after Southeast Asians are Chinese (165 or 10 percent), followed by Filipinos (84 or 5 percent). The API ethnic group with the lowest rate of poverty is Japanese (60 or 3 percent). Japanese also have the largest number of elders with income greater than 200 percent of the Federal Poverty Level (1,776 or 87 percent) followed by Filipinos (1,431 or 81 percent) and Chinese (1,053 or 63 percent).

King County — Age 65 and Older

There are 8,088 Asian Pacific Islander 65 and older in King County in 1990; the largest number of API elders among the other counties in Washington State. Table A.1 in Appendix A, Asian Pacific Islanders 55 and over in King County contains data supporting the overall discussion in the next sections.

Ethnic Groups. The largest group among the Asian Pacific Islanders 65+ in 1990 are Filipinos with 2,721 (34 percent). They are closely followed by the Japanese with 2,382 (29 percent), and Chinese with 1,977 (24 percent). Other API ethnic groups are much smaller, each representing less than 10 percent of APIs 65+ in King County in 1990 including: 447 Koreans (6 percent), Southeast Asians (including Vietnamese, Cambodian, Lao and Hmong) at 291 (3 percent) Other Asians (including Asian Indians and Indonesians) at 138 (2 percent) and Pacific Islanders (including Hawaiians, Samoans and Guamanians) at 132 (2 percent).

Gender. Among API elders 65+ there are as many females as males. While gender among Filipinos and Chinese is about equal, among Japanese (55 percent), Koreans (59 percent) and Other Asians (63 percent), women are a majority. Among Southeast Asians, however, men are the majority (57 percent).

Marital Status. As expected, the majority of API elders 65+ in King County are married (59 percent). Among API ethnic groups, Filipinos are the most likely to be married (1,791 or two-thirds) and nearly two-thirds of Chinese (n=1,203) and Korean (n=276) elders are married. The two groups with lower rates of marriage include Japanese (53 percent) and Pacific Islanders (14 percent). Most of those not married are widowed. A smaller number (less than 5 percent) in each group are divorced, separated or never married.

Living Arrangement. Although 59 percent report that they are married, only 49 percent (n=3,933) report they are live only with their spouse. Another 9 percent (n=714) report that they live as a subfamily in another household. Nearly one-quarter (n=1,968) live alone. The remaining 18 percent (n=1,473) report living in other arrangements. The proportion of elders 65+ who live alone decreases with age and the reports of "other arrangements" appear to increase. Among those 65–74, the proportion living in other arrangements is 11 percent, among 75–84 it is 31 percent, and among those 85 and over, it is 35 percent.

Citizenship. Almost a third of APIs 65+ in King County are US born (n=2,598). Among the 5,490 who are foreign born, almost half (n=2,541) are naturalized US citizens and a little more than a third are non-citizens (n=2,949). These findings are similar to proportions nationally for US born, naturalized and non-citizens among APIs overall. Japanese are the largest US born group among APIs (n=1,971 or 83 percent). Only 11 percent (n=270) of Japanese are naturalized, and 6 percent (n=141) are non-citizens. These figures are closer to the US national averages for all elders of all ethnic/racial groups. As well, among Pacific Islanders 73 percent (n=96) are US born, 27 percent are not citizens and none are naturalized citizens.

The proportions, however, are dramatically different for other groups. Among Filipinos, only 4 percent (n=111) are US born, while 1,563 (57 percent) are naturalized US citizens, and 1,047 (39 percent) are non-citizens. Koreans also have relatively few US born among elders 65+ (18 or 4 percent). Only 5 percent (n=21) were naturalized, and a remarkable 91 percent of Koreans (n=408) are non-citizens. Southeast Asians include 33 elders who are US born (11 percent), and 258 (89 percent) who are not citizens. While the figures are not as dramatic among Chinese and Asian Indians, these groups have a large portion of elders who are not citizens: 19 percent of Chinese are US born (n=369), 34 percent are naturalized (n=672) and 47 percent (n=936) are not citizens. Among Other Asians (mostly Asian Indians), 89 percent (n=123) are not citizens, and 11 percent (n=15) are naturalized.

English. Young & Gu (1993) report that the majority (58 percent) of API older person do not speak English well. In contrast, in King County two-thirds (n=5,424) report speaking English well, very well or all the time. Only one-third report not speaking English well or at all. These proportions for King County are affected by the high numbers of Filipinos (2,142 or 79 percent), Japanese (2,037 or 86 percent) and Pacific Islanders (132 or 100 percent) who report speaking English well. Their large numbers mask high proportions of Chinese (1,020 or 52 percent), Koreans (402 or 90 percent), Southeast Asians (231 or 79 percent) and Other Asians (138 or 63 percent) who do not speak English well or at all. Large numbers of Chinese (n=528) and Koreans (n=213) 65+ in King County report speaking no English at all.

Employment. In King County, about 13 percent of API elders 65+ are employed. This is about the national average of 12 percent, but lower than the national average for API elders (16 percent). In King County, the vast majority (7,053 or 87 percent) are not working or no longer in the labor force. While most APIs are not working, there are still significant numbers who are continuing to work: 339 Japanese (14 percent), 336 Chinese (17 percent), and 249 Filipinos (9 percent).

Poverty. In King County 13 percent of API older persons report they are in poverty (i.e. incomes less than or equal to 100 percent of the Federal Poverty Level). The portion is about the same as the national average for US seniors (12 percent) and for API seniors (11 percent). Two of the largest API groups in King County (Filipinos and Chinese) have poverty rates of 13 percent. However, other API groups vary greatly from these averages. Japanese elders report low poverty rates (102 or 4 percent). Alternately, Korean elders (n=159) report 36 percent in poverty, and almost one-half of Southeast Asian seniors live in poverty (n=138).

In general, income distribution among API older persons appears bimodal: some groups cluster in poverty while others have modest incomes (income greater than 200 percent of the Federal Poverty Level). There are more Japanese with modest incomes (1,890 or 79 percent) and many Filipinos (1,719 or 63 percent) and Chinese (1,281 or 65 percent) with modest incomes as well. Given the larger proportions of API elders in poverty among Korean and Southeast Asians, a smaller proportion enjoy incomes greater than 200 percent. Only 43 percent (n=192) of Koreans and 23 percent (n=51) of Southeast Asians enjoy modest incomes. There are few Pacific Islanders. Most Pacific Islanders (114 or 86 percent) have incomes below 200 percent of the Federal Poverty Level.

Snohomish County

Census reports for 1990 indicate 1,359 Asian Pacific Islander (API) older persons in Snohomish County, Washington. Snohomish County lies just north of Seattle. The major town, Everett is the home of a new naval base and the largest building in the world used for the construction of Boeing airplanes.

Of APIs 55 and over, slightly more than half are 55–64 years of age (732 or 54 percent), and 627 (46 percent) are 65 and over. The largest group is Japanese (489 or 36 percent), followed by Filipinos (282 or 21 percent), Chinese (225 or 17 percent) and Koreans (153 or 11 percent). While there are Southeast Asians, Other Asians and Pacific Islanders, these communities each represent less than 10 percent of the Asian Pacific Islander population. Table A.1 in Appendix A, Asian Pacific Islanders 55 and over in Snohomish County contains data discussed in the next sections.

Snohomish County — 55–64 Year Olds

Ethnic Groups. Among Asian Pacific Islanders (API) 55–64 years of age , the group is much less diverse than the 65+ cohort. Japanese are almost half of the APIs in this group (n=345), Filipinos are a fifth (n=153), followed by Chinese (117 or 16 percent) and Korean elders (72 or 10 percent). The number of Hawaiian/Pacific Islanders is small (39 or 5 percent).

Gender. APIs between 55 and 64 in 1990 are disproportionately female (534 or 73 percent). Most of the women are Japanese (306 or 89 percent). Koreans in this age cohort are entirely female.

Marital Status. As expected for this age cohort, most APIs are married (594 or 81 percent). Being married appears most likely among Filipinos (153 or 100 percent), Japanese (300 or 87 percent), and Chinese (102 or 87 percent). Among the APIs who are not married (19 percent), half are widowed and the rest are divorced or never married.

Living arrangement. Although most APIs 55–64 years of age are married, only 55 percent (n=402) live with their spouse. One-fifth live with someone (an adult child, relative or someone else as a "subfamily") and 45 (6 percent) live alone. Eighteen percent (n=132) live in another arrangement.

Citizenship. One-fifth (n=144) of APIs in this age cohort are born in the US and they are Japanese (n=105) or Hawaiian (n=39). One-third of the APIs are naturalized US citizens and the remaining 46 percent are not citizens. Japanese make up the largest group of naturalized citizens (n=219). The largest group of non-citizens are Filipinos (n=141), Chinese (n=105), and Koreans (n=72).

English. Two-thirds of the APIs who were 55–64 in 1990 reported speaking English well (n=495). The largest group of English speaking APIs is Japanese (306 or 88 percent), followed by Chinese (n=65), and Filipinos (n=40). Of 237 elders who reported not speaking English well, most are Filipino (n=93), although there are also Korean (n=54), Chinese (51 elders) and Japanese (n=39) who report not speaking English well. It is important to note that most Filipinos and Koreans said they could not speak English at all.

Employment. The majority of APIs 55–64 in 1990 reported being employed (462 or 63 percent). While Japanese (255 or 80 percent), Cambodians (6 or 100 percent) and Hawaiians (39 or 100 percent) are substantially in the work force, Filipinos (60 or 39 percent), Chinese (72 or 62 percent) and Koreans (48 or 67 percent) report no longer being in the workforce.

Poverty. Almost all (95 percent) APIs have modest incomes (greater than 200 percent of the Federal Poverty Level). Only a few Chinese elders (n=39) report being near or in poverty.

Snohomish Age 65 and Over

Ethnic Group. Among the 627 Asian Pacific Islanders 65 and older living in Snohomish County, the largest populations are Japanese (144 or 23 percent), Filipino (129 or 20 percent) and Chinese (108 or 17 percent). There are an equal number of Koreans (81 or 13 percent) and Southeast Asians (81 or 13 percent). Finally, an equal portion of APIs are Other Asian (Asian Indians) and Pacific Islanders (42 or 7 percent each).

Gender. Almost three fourths of APIs 65 and over are women (456 or 72 percent). The proportions of women are largest among Filipinos and Chinese with ratios of 6 female to each male, but for Koreans, all 81 are women.

Marital status. The majority of APIs 65 and over are married (357 or 57 percent). This includes most Japanese (123 or 85 percent) and all Southeast Asians, Other Asians and Pacific Islanders. Alternately, APIs in this age cohort who are not married include all the Koreans and 86 percent of Filipinos. About half of Chinese are married.

Living arrangement. Surprisingly, for those 65 and over, no APIs live alone in Snohomish County. One-third live with a spouse (n=207) and nearly one-fifth (n=111) live with someone as the primary householder as a "subfamily," although it cannot be determined if the primary householder is an adult child or a relative. Nearly half (n=309) live in another arrangement. Japanese, Other Asians (Indonesians) and Pacific Islander (Guamanians) are the only groups who report living with a spouse. As for those living as a "subfamily," the two groups most likely to report these living arrangements are Chinese and Southeast Asians (Vietnamese and Lao).

Citizenship. Of the 627 APIs 65 and older in Snohomish County, about one-quarter are born in the US. Groups represented among the U.S. born include 78 Japanese, 42 Pacific Islanders (Guamanians) and 36 Filipinos. Six Filipinos (one percent) are naturalized. Nearly three-fourths (n=465) of APIs in this age cohort are not U.S. citizens: these include all Chinese (n=91), 79 percent of Filipinos (n=87), all Koreans (n=81), all Southeast Asians (n=81), almost one-half of Japanese (n=66) and all of Other Asians (n= 42).

English. On average API ethnic groups appear to have as many members who speak English well as not, however, most ethnic groups vary markedly. Among Japanese (105 or 76 percent), Koreans (45 or 56 percent), Other Asians (42 Indonesians) and Pacific Islanders (42 Guamanians), the majority report speaking English well.

Among those 65 and older, almost all Chinese and Southeast Asians (100 percent) report not speaking English well. Alternately 40 percent of Filipinos and Koreans report not speaking English well.

Employment. Virtually all APIs 65 and over (618 or 99 percent) report no longer working.

Poverty. Few APIs 65 and over are in poverty in Snohomish County. Among those in near poverty (101 percent and 125 percent of the Federal Poverty Level) 81 Southeast Asians were counted. Alternately, 42 Other Asians (Indonesians) and 27 Koreans reported incomes of 125 percent to 150 percent of the Federal Poverty Level. Among 462 APIs 65 and over reporting modest incomes (i.e. greater than 200 percent of the Federal Poverty Level), Chinese, Filipinos, Japanese, Koreans and a Guamanian are all represented.

Pierce County

There are 3,906 Asian Pacific Islanders (API) older adults in Pierce County, Washington in 1990. Pierce County lies just south of Seattle. The major town for this county is Tacoma. These two cities have active seaports that aggressively compete with each other for business.

Two-thirds of the population are age 55–64, and one-third are 65 years and older. The largest group is Japanese with 1,473 who are 55+ (38 percent). The second largest population is Korean with 1,131 (29 percent). Filipinos are the third largest group with 705 (18 percent). Other API ethnic groups are relatively small in size with each representing less than 10 percent of APIs 55+. Other Asians in Pierce County are very diverse, including Thai, Pakistani, Asian Indians and Indonesians. Washington State's only enumerated Thai and Pakistani elder populations in 1990 reside in Pierce County. Table A.1 in Appendix A, Asian Pacific Islanders 55 and over in Pierce County contains data discussed in the next sections.

Pierce County — 55–64 Year Olds

Ethnic Groups. Among 2,628 Asian and Pacific Islander elders 55–64 in Pierce County, Japanese are the largest group with 1,089 elders (41 percent), followed by Koreans with 789 elders (30 percent). While Japanese and Korean make up more than two-thirds of this cohort of APIs in the county, there are also Filipinos (372 or 14 percent), and 225 Southeast Asians (9 percent). Southeast Asians are nearly half Cambodian and more than half Vietnamese. Chinese number 96 (4 percent). Thais, Indonesians, and Hawaiians each counted fewer than 30 persons.

Gender. Nearly three-quarters of the APIs 55–64 are women (1,923 or 73 percent). Among Japanese, there are 10 times as many women as men in Pierce County. There are also one and a half times more Korean and Filipino women than men, and three times more Chinese women than men.

Marital Status. Among this age cohort, three fourths of APIs are married. While more than three of four Koreans, Filipinos and Southeast Asian are married, only 75 percent of Japanese, the largest API ethnic group in Pierce County are married. APIs 55–64 who are not married are widowed (14 percent), divorced or separated (7 percent), and never married (2 percent).

Living Arrangement. While 77 percent of Asian Pacific Islander elders identify themselves as married, only 72 percent (n=1,884) report living with a spouse. Those not living with a spouse include those who live alone (402 or 15 percent), live in other arrangements (297 or 11 percent), and live in a "subfamily" with an adult child, relative or friend as the primary householder (45 or 2 percent). Of elders living alone, most are Japanese (n=297), followed by Chinese (n=39) and Koreans (36).

Citizenship. Among APIs 55–64 in Pierce County, few are born in the US (135 or 5 percent), lower than the national or Washington State average. Of the ninety-five percent who are foreign-born, a slight majority are naturalized US citizens (1,440 or 55 percent), and the remaining elders are not citizens (1,053 or 45 percent). The largest group of non-citizens in Pierce County is Korean (n=543), followed by Japanese (n=186), Filipinos (n=126) and Southeast Asians (n=93).

English. Among APIs in Pierce County, almost three fourths (n=1,884) report speaking English well, 21 percent report not speaking English well (n=552) and 7 percent (n=192) report not speaking English at all. Those reporting they speak no English at all are Korean (n=111) and Southeast Asian (n=81). Limited-English speakers included Koreans (n=333), Southeast Asians (n=78), Chinese (n=63) and Japanese (n=57).

Employment. As expected, a substantial portion of APIs 55–64 are employed (1,101 or 42 percent). Among those who report not working, only 2 percent reported being unemployed, and 56 percent reported no longer working. The largest groups of employed APIs in this age group are Japanese (n=387), Korean (n=339), Filipinos (n=225) and Chinese (n=60). While they are not the largest groups, Filipinos and Chinese in this cohort who are employed represent a majority of their ethnic groups. APIs in this cohort who are no longer in the labor force include Japanese (n=672), Koreans (n=426), Southeast Asians (n=174) and Filipinos (n=147).

Poverty. Given the large number of employed APIs among 55–64 year olds, it is not surprising that there are few in poverty (n=189 or 7 percent). Koreans represent the largest group of 55–64 year olds in poverty (n=111), followed by Southeast Asians (n=69). Over three-fourths of APIs (n=2,040) have modest incomes (i.e. greater that 200 percent of the Federal poverty level): including Japanese (n=990), Filipinos (n=339), Koreans (n=441), Southeast Asians (n=150) and Chinese (n=96). Japanese and Koreans are represented at every income level, even though the majority of both groups have modest incomes.

Pierce County — 65 and Older

Ethnic Groups. Among 1,278 Asian Pacific Islander 55 and older in Pierce County, more than three-quarters are 65–74 (n=1,035). The largest group among APIs 65 and older is Japanese (384 or 30 percent), followed by Koreans (345 or 27 percent) and Filipinos (333 or 26 percent). Other ethnic groups in Pierce County include Southeast Asians, Other Asians, Chinese and Pacific Islanders each representing less that 10 percent of APIs.

Gender. In Pierce County, women are 65 percent of APIs 65 and over (n=837). Although less dramatic in proportion than among 55–64 year olds there are three times more Japanese women than men in this age group. There are also more than one and a half times more Korean women than men. There are only women in the Pacific Islander community (n=33). Among other API ethnic groups, however, the distribution of men and women is about even.

Marital Status. The proportion of APIs 65 and over who are married is about 48 percent, compared to a 78 percent average nationally and for Pierce County elders. The API group most likely to be married is Chinese (30 or 67 percent). The group least likely to be married is Southeast Asians (15 or 16 percent).

Living Arrangements. While there is a marriage rate of 48 percent, only 40 percent (n=516) of APIs live with their spouse. More than one-quarter live alone (n=342) and a small number (51 or 4 percent) live as a "subfamily" with adult child, relative or other adult. The remaining 29 percent (n=369) live in another arrangement. The largest groups of API elders who live alone are Koreans (n=99), Filipinos (n=96), and Japanese (n=87).

Citizenship. Eighteen percent of APIs 65 and older (n=225) are U.S. born and 72 percent are foreign born. Of those who are foreign born, over a third (n=471) are naturalized and almost half (n=582) are not citizens. The largest groups of naturalized citizens include Filipinos (n=189), Japanese (n=129) and Koreans (n=84). The largest groups of APIs 65 and older who are not citizens are Koreans (n=243), Filipinos (n=138) and Southeast Asians (n=63).

English. More than two-thirds of APIs 65 and older report speaking English well (879 or 69 percent). Less than one-third report they do not speak English well, or at all. Almost all Japanese report speaking English well (378 or 98 percent) as do most Filipinos (228 or 68 percent). The two largest groups that report not speaking English well are Koreans (n=192) and Filipinos (n=105). A smaller number, but high percentage of Southeast Asians report not speaking English well (57 or 72 percent).

Employment and Poverty. As expected, most APIs 65 and older in Pierce County are no longer working. Only 12 percent are employed, including 84 Japanese, 57 Filipinos and 18 Koreans. Of 1,119 who are not working, almost all say they are no longer in the labor force. While most APIs report not being in the labor force, almost one-fifth (n=246) report an income less than or equal to poverty level. Nearly one-third of Koreans live in poverty (111 or 32 percent), as do 15 percent of Southeast Asians (n=72) and all Pacific Islanders (n=33).

Thurston County

Few Asian Pacific Islander older persons were enumerated in Thurston County, Washington in 1990 (n=627). Thurston County lies about an hour's drive from Seattle. One of the major industries is the state government located in and around Olympia.

There are 672 Asian Pacific Islander elders (55 and older) living in Thurston County, Washington: 465 (69 percent) are ages 55–64, and 207 (31 percent) are ages 65–84. There are no APIs aged 85 and older in the County. Due to the small numbers of APIs in Thurston County, age cohort descriptions will be included in the topical descriptions. Table A.1 in Appendix A, Asian Pacific Islanders 55 and over in Thurston County contains data discussed in the next sections.

Ethnic Groups. Koreans are the largest Asian Pacific Islander (API) ethnic group in Thurston County (177 or 26 percent). This is the only Puget Sound County where Koreans are the largest API community. Southeast Asians are the second largest community, with 159 (24 percent of APIs). The third largest community is Japanese (129 or 19 percent). Filipinos are the fourth largest community (96 14 percent). The two smallest communities are Chinese (57 or 9 percent) and Guamanians (54 or 8 percent).

Among APIs 55–64 years old in 1990, Southeast Asians are the largest group with 135 (29 percent of APIs). Japanese are the second largest population with 102 (22 percent). Koreans follow closely with 96 (21 percent). There are also 63 Filipinos (14 percent), 42 Chinese (9 percent), and 27 Pacific Islander (6 percent) in Thurston County.

Among APIs age 65–84, the largest population is Korean (81 or 39 percent), followed by Filipinos (33 or 16 percent), Japanese and Guamanians, (27 or 13 percent each), Southeast Asians (24 Vietnamese) are 12 percent, and Chinese (15 or 7 percent).

Gender. The API elder population in Thurston County is 63 percent female (n=423). Both Japanese (79 percent) and Korean (83 percent) populations are predominantly female, while Vietnamese are most male (75 percent). Chinese and Filipinos have approximately equal gender distributions.

Marital status. The majority of Asian Pacific Islander elders are married (432 or 64 percent). Of the remaining 36 percent, about two-thirds are widowed, and one third are divorced, separated or never have been married. The largest group with married members is Southeast Asians (n=141), followed by Filipinos (n= 96), and Koreans (n=93). There are also 84 married Japanese elders. Alternately, Koreans (n=84) are the largest group among APIs of non-married.

Living arrangement. About 16 percent (105 elders) of APIs 55 and older in 1990 live alone and more than half (n=348) are married and live with a spouse. Sixty elders live in a "subfamily" where another person is a primary householder (i.e. an adult child, relative or other relationship). Nearly one-quarter (n=159) of the API elders live in an other arrangement. Included among those living alone are Japanese, Southeast Asian and Korean elders.

Citizenship. Nearly one-fifth (n=141) of API older persons in Thurston County are born in the US, more than one-half are naturalized US citizens (n=330), and more than one-fourth of the elders are not citizens (n=201). US born API elders include Filipinos, Chinese, Japanese and Pacific Islanders (Guamanians). Naturalized API elders include all Vietnamese (n=141), Japanese (n=87), Filipinos (n=69), Koreans (n=18), and Chinese (n=15). Among the non-citizens, the largest group is Koreans (n=159) followed by the Chinese (n=24) and Southeast Asian (18 Cambodians).

English. Eighty one percent of the API elders 55+ in 1990 reported speaking English well. Only 19 percent reported not speaking English well. Of limited-English speaking elders, 70 percent are Korean and 30 percent are Japanese. Among English-speaking elders, all API groups are represented. All the Southeast Asians in Thurston County reported speaking English well; the only county in Washington where this occurred.

Employment. Among APIs aged 55–64, almost two in five were employed (n=183) and 61 percent stated they were no longer in the labor force. Although only 39 percent of the overall population are working, 81 percent of Southeast Asians are working as well as one third of Koreans, Japanese and Filipinos.

Among APIs age 65–84, only 14 percent are employed (30 Koreans); 86 percent (n=177) reported no longer working.

Poverty. Among APIs age 55–64, 10 percent (n=45) are in poverty. Of these, 27 are Pacific Islanders and 18 are Koreans. Thirteen percent (n=60) are in near poverty (i.e. income is 101–125 percent of the Federal Poverty Level): of whom almost half (n=27) are Filipino, and the remainder are Korean (n=15) and Southeast Asian (18 Cambodian). The other APIs 55–64 in Thurston (n=360) reported modest incomes (i.e. greater than 200 percent of the Federal Poverty Level).

Among APIs 65+ the poverty rate is slightly higher (14 percent) than among their younger cohort. These include 24 Koreans. Another 24 Southeast Asians live in near poverty (i.e. income reported at 101–125 percent of the Federal Poverty Level). The other API elders (159 or 82 percent) all have modest incomes.

Kitsap County

In Kitsap County, there are 1,035 Asian Pacific Islanders (API) 55 and older. Kitsap is the home of Bremerton, which has a large naval shipyard. Table A.1 in Appendix A. Asian Pacific Islanders 55 and over in Kitsap County contains data supporting the overall discussion in the next sections.

Ethnic Groups. Of API older persons in Kitsap County, 759 (73 percent) are age 55 to 64 and 276 (27 percent) are age 65 and older. The largest group among APIs is Filipino (447 or 43 percent), followed by Japanese (294 or 28 percent), Chinese (180 or 17 percent), and Pacific Islanders (81 or 11 percent). Of the 81 Pacific Islanders, half are Hawaiian and half are Guamanian. There is a small population of Korean elders as well (18 or 2 percent). No API elders 85+ were counted in 1990 in Kitsap County.

Gender. There are slightly more women than men among Asian Pacific Islander older persons in Kitsap County (573 or 55 percent). Among the younger cohort, the gender disparity widens due to 234 Japanese 55–64 who are all women. Surprisingly, among all APIs 65–84 there are slightly more men (53 percent) than women. There are more Chinese and Filipino men in both age groups.

Marital Status. APIs 55–64 are likely to be married (534 or 70 percent), while those 65–84 in 1990 were less likely to be married (135 or 49 percent).

Living arrangements. As expected, most API elders live with a spouse (636 or 61 percent), while the remainder live alone (225 or 22 percent), or in an other arrangement (174 or 17 percent).

Citizenship. In Kitsap County, there are more U.S. born and fewer non-citizens among API older persons compared to the rest of Washington or the nation. Of 1,035 APIs, 37 percent (n=378) are born in the US, 47 percent are naturalized (n=486), and 16 percent are not U.S. citizens (n=171). Chinese and Japanese have the largest number of U.S. born (135 each). Filipinos have the largest number of naturalized citizens (n=333), followed by Japanese (n=135). Filipinos are the largest group of non-citizens as well (n=102). The proportions of U.S. born APIs do not vary across age cohorts. However, there are more naturalized citizens and fewer non-citizens in the younger group than the older group.

English. Almost all API elders in Kitsap County report speaking English well (963 or 93 percent). Only 45 Filipinos and 27 Chinese reported not speaking English well. The findings are consistent between the age cohorts.

Employment. Among APIs age 55–64, 43 percent (n=315) report they are employed. Of the remaining 444, most are no longer in the labor force (n=402). Among Filipinos and Chinese, about half of each group continues to work, as well as about one-third of Japanese. Among those 64–84, almost all (258 or 93 percent) report they are no longer in the labor force. Only 18 Filipinos report that they are still employed.

Poverty. Only 6 percent (n=42) of APIs age 55–64 report they are in poverty, while 88 percent (n=666) report modest incomes (i.e. greater than 200 percent of the Federal Poverty Level). The two ethnic groups in poverty are Chinese (n=24) and Hawaiians (n=18). There are small groups of Filipinos (n=12) and Japanese (n=39) near poverty (i.e. between 101 and 200 percent of the Federal Poverty Level). Among the older cohort, those in poverty increased to 16 percent or 45 persons. The two groups affected are Chinese (n=24) and Filipinos (n=21). With the exception of a small group of Filipinos (n=12), APIs have modest incomes.

Alaska

Asian Pacific Islander (API) older persons are a small portion of persons 55 and older in the State of Alaska, at 1,713 (3 percent) of the population in 1990. Table A.2 in Appendix A shows differences among the sizes of API ethnic populations for age cohorts 55–64 and 65 and older. As with other report sections, data for those 55–64 are reported separately. While this cohort was likely to be employed in 1990, by 2000 they will become the "younger elders" in the State, given a low likelihood of migration. Table A.2 in Appendix A, Asian and Pacific Islanders 55 and over in Alaska (1990) provide data to support the following sections.

55–64 Year Olds

Ethnic Group. There are 1,092 Asian Pacific Islanders age 55–64 in Alaska. In contrast, there are only 621 Asian Pacific Islanders age 65 and over in the State. Among the age cohort age 55–64, almost a fourth of APIs is Japanese (n=259) and a fifth is Chinese (n=226). The third largest group is Other Asian (mostly Asian Indian) with 183 elders or 16 percent of APIs 55–64 years of age. The remaining 40 percent of API elders are almost evenly distributed among Southeast Asians (i.e. Vietnamese and Lao), Koreans, Filipinos, and Pacific Islanders.

Gender. Slightly more than half of the APIs between 55 and 64 are women (n=611). Upon close examination, however, large differences among API ethnic populations are evident. While the largest API ethnic group (Japanese) is all women, Chinese and Southeast Asians are predominantly men. More than three of four APIs in this age group are married (n=854), with the rest stating that they are widowed or divorced. While only 6 percent of those who stated they were married do not live with their spouse or other person (n=805), one-fifth of all APIs 55–64 report living alone (n=220).

Citizenship. Alaska has a higher proportion of foreign born Asian Pacific Islanders compared to national averages for API older persons. In Alaska 80 percent (n=877) of APIs 55–64 are foreign born, of whom nearly half are naturalized US citizens and the other half continue are not citizens (n=493). The largest groups of naturalized citizens is Japanese (n=179), followed by Koreans (n=58) and Asian Indians (n=48). Among APIs between 55–64, those most likely to be foreign-born are Southeast Asians (100 percent), Chinese (82 percent) and Asian Indians (63 percent) and those most likely to be US born are Pacific Islanders (100 percent) and Filipinos (87 percent).

English. In spite of the large number of foreign-born elders, almost three of four (n=789) report speaking English well or very well. Japanese (n=240) and Asian Indian (n=148) elders are most likely to say they speak English well. Chinese and Southeast Asians 55–64 are the most likely to report not speaking English well or at all.

Employment. Less than half of APIs between 55–64 (n=512) reported working, the rest report being unemployed or no longer in the labor force (n=580). The groups most likely to be employed are Chinese, Filipinos and Southeast Asians. The groups least likely to be working are Japanese and Koreans in this age group.

Employment appears to play a significant role in the ability of Chinese (137 or 96 percent) and Filipinos (60 or 87 percent) between 55–64 to report modest incomes (i.e. greater than 200 percent of the Federal Poverty Level). Despite high work force participation, the same is not true for Vietnamese and Lao. Sixty percent of Southeast Asians 55–64 years of age live in poverty. Overall, almost two-thirds of APIs in this age group (n=690) have modest incomes.

65 years and older

Ethnic Group. Among APIs 65 and over, ethnic groups show more diversity than their younger cohort. Japanese represent 23 percent (n=144), Filipinos represent a fifth (n=132), and 93 Chinese represent 15 percent of APIs 65 and over in Alaska. The balance of Asian Indians, Koreans, Vietnamese, Cambodians, Other Asians and Guamanians number fewer than 100 all together.

Gender. Almost two-thirds of APIs 65 and over are women (n=393). All Japanese in this age group are women (n=144), almost two-thirds of Filipinos are women (n=84) and almost three-fourth of Koreans are women (n=44). Overall, the majority of APIs in this age group are married (379 or 61 percent).

Living Arrangements. Only 10 percent or 61 of Asian Pacific Islander elders live alone in Alaska. Of the remaining group, 57 percent or 353 people live either with their spouse or as part of another household. Finally, a third live in other arrangements.

Citizenship. As with the younger cohort, only 21 percent (n=128) of Asian Pacific Islander elders are U.S. born. The remaining 79 percent are divided almost evenly among those who are naturalized (n=250) and those who remain non-citizens (n=243). All Pacific Islanders (Guamanians) are U.S. born (n=54), as well as Filipinos (n=26), Asian Indians (n=26) and Japanese (n=16). Groups with the largest numbers of naturalized individuals are Filipinos (n=93) and Japanese (n=93). Asian Indians, Southeast Asians and Chinese are also represented. Finally, non-citizens are a diverse group: 18 Chinese(20 percent), all Koreans (n=60), 45 Southeast Asians, and 35 Japanese.

English. Nearly three-quarters of APIs 65 and older report speaking English well, very well or all the time (n=435), a rate higher than the national average of 42 percent. All Japanese (n=144), almost all Filipinos (n=119), all Asian Indians, Other Asians (n=73) and Pacific Islanders (n=54) say they speak English well. In contrast, no Southeast Asians, Koreans and less than half of the Chinese report speaking English well. Further, many Koreans and Southeast Asians in this age group report not speaking English at all.

Employment. As expected, most APIs in this age group report they are not working (519 or 84 percent) and 102 (16 percent) report they are employed (slightly higher than the national average of 12 percent). Asian Indians, Japanese and Filipinos are the three groups reporting continued employment.

Poverty. Poverty among APIs 65 and older affects 28 percent of the population, substantially higher than the national average of 12 percent. Chinese (58 percent), Filipinos (54 percent), Asian Indians (26 percent) and Koreans (38 percent) report poverty among their groups. At the same time, 41 percent of Asian Pacific Islanders 65 and older in Alaska (n=255) report modest income (i.e. greater than 200 percent of the Federal Poverty Level). Income levels for APIs in this age group appear to follow a bimodal pattern common among API older persons nationally. Southeast Asians are not represented among the poor in Alaska, as they are nationally.

Idaho

Asian Pacific Islander (API) older persons are a small portion of persons 55 and over in the state of Idaho at 1084 (0.5 percent) of the population in 1990. Table A.3 in Appendix A shows differences in numbers among API ethnic populations for age cohorts 55–64 years and 65 and older. As with other report sections, data for those 55–64 are reported separately. While this cohort was likely to be employed in 1990, by 2000, they will become the "younger elders" in the State given a low likelihood of migration. Table A.3 in Appendix A, Asian and Pacific Islanders 55 and over in Idaho (1990) provide data to support the following sections.

55–64 Year Olds (refer to Appendix C for all data on APIs in Idaho)

Ethnicity and Gender. Japanese are the largest group including 320 (61 percent) of the Asian Pacific Islander population, followed by Chinese with 136 elders (26 percent) of the population. The other three API groups (Filipino, Indian and Hawaiian) were counted at 40 or fewer persons. While almost three fourths of APIs in this age group are women (n=376) Japanese comprise four-fifths of the API women.

Marital Status and Living Arrangement. As expected in this age cohort, nearly 90 percent of Asian Pacific Islanders are married (456 or 87 percent). However, only 80 percent reported living with someone, indicating that about one tenth of this group in Idaho are separated from their spouses. As well, many of those living alone (88 or 17 percent) are Japanese.

Citizenship. With regard to citizenship status, 236 or 45 percent of Asian Pacific Islanders living in Idaho are born in the United States. This is much higher than the national average of 30 percent. A smaller percentage are foreign born: almost two-thirds are naturalized, and one-third are not citizens. The majority of the naturalized elders are Japanese (60 percent) and one-third are Chinese. Among the 100 elders who are not citizens, 64 are Chinese and 36 are Japanese.

English. Nearly three-quarters of the Asian Pacific Islanders (age 55–64) reported speaking English well or very well. Among the 136 elders who report not speaking English well, the largest group is Chinese elders (84 or 62 percent), followed by Japanese and Filipinos.

Employment and Poverty. More than half of Asian Pacific Islander elders (n=300) report working and the others were no longer in the labor force (224 or 43 percent). Even though 57 percent report being employed, only half of those employed have modest incomes (i.e. greater than 200 percent of the Federal Poverty Level). This indicates that many of these workers have low-wage jobs. Ten percent (n=52) of this population are in poverty and are either Japanese or Filipino.

65 Years and older

Ethnic Groups and Gender. There are 560 Asian Pacific Islanders who are 65 and older in Idaho. The largest API ethnic group in Idaho is Japanese (464 or 83 percent). The other groups have fewer than 30 persons. Among APIs 65 and older there are slightly more women than men. While the Japanese have nearly an equal number of men and women, other API ethnic groups are either men (Chinese and Filipino) or women (Other Asian and Pacific Islander).

Marital Status and Living Arrangement. Two thirds of Asian Pacific Islanders 65 and over are married (n=376). While one-fourth of Idaho's elders live alone (n=136) more than a third of Asian Pacific Islanders do.

Citizenship. Surprisingly more than four of five Asian Pacific Islander older persons in Idaho were born in the United States (n=480). The remaining 80 are all naturalized (14 percent). Not surprisingly, almost all of the Asian Pacific Islander seniors reported speaking English well, very well or all the time (524 seniors or 96 percent).

Employment and Poverty. Four of five Asian Pacific Islanders 65 and over in Idaho report no longer working (480 or 86 percent). Even though they are no longer working, most are not poor: only 28 (5 percent) of API seniors report incomes less than or equal to 100 percent of the Federal Poverty Level. In fact, almost two-thirds (n=352) have modest incomes (i.e. greater than 200 percent of the Federal Poverty Level).

Chapter 4. Factors Affecting Health Access for API Elders

This chapter describes factors affecting health access for Asian and Pacific Islander (API) older persons in the States of Washington, Alaska and Idaho. Medicare is an almost universal health insurance program in the US for persons 65 and older. For API older persons, however, the story on access to Medicare or other programs that assure affordable health care can be quite complicated.

Approach. Using Census data, this chapter focuses on receipt of Social Security. For older Americans Social Security is the most common way to also get their primary health insurance, Medicare. Receipt of Social Security benefits in this study is used as an indicator of access to Medicare. Receiving Social Security, in our discussion, does not assume receipt of income-based assistance like Supplemental Security Income (SSI) or Medicaid. As well, receiving Social Security, in this study, implies qualification for and receipt of premium-free Medicare Part A, but does not assume receipt of Medicare Part B. Beneficiaries must choose to have Medicare Part B and cover the cost of premiums. These related factors affect whether and what insurance API older persons have. This chapter focuses on these and related factors in order to explore some of the complications of health insurance and health care access for API older persons.

Additional data related to health care access presented in this chapter will include income level and receipt of Social Security as a basis for estimates of need for income based health insurance or additional co-insurance to address health care affordability and access. In addition, data on living arrangements will be used to estimate potential added risk (i.e. among those living alone) and eligibility for assistance programs based on household income and resources. Further, data on reported mobility limitations and personal care needs will be used to infer disability, functional status, and health/medical care needs.

In the following sections, API populations will be described by ethnic group and age cohort where appropriate. For Washington, presentation of statewide data will be followed by data for five counties with the largest API populations: King, Snohomish, Pierce, Thurston, and Kitsap. Presentation of findings for Alaska and Idaho will follow those of Washington. Tables supporting data presented are organized by State: Washington (Table A.1 in Appendix A), Alaska (Table A.2 in Appendix A), and Idaho (Table A.3 in Appendix A). Data for API ethnic groups 65 and older by Social Security status, Social Security by living arrangement, ethnic group by mobility limitation and ethnic group by personal care need for each State appear in Appendixes B, C, and D.

Washington State — Health Access

Social Security and Ethnic Group. In Washington State, there are 12,198 Asian Pacific Islanders 65 and older in 1990. Almost three fifths (n=7,233) receive Social Security income.

Table 4.1 *Social Security for API Elders 65+ in Washington*

Ethnicity	Receive Social Security		No Social Security		Total
	n	%	n	%	
Japanese	2988	79%	789	21%	3777
Chinese	1101	47%	1251	53%	2352
Filipino	2166	57%	1644	43%	3810
Korean	504	46%	591	54%	1095
Southeast Asian	210	34%	399	66%	609
Pacific Islander	186	62%	114	38%	300
Other Asian	78	62%	47	38%	125
Total	7233	59%	4965	41%	12198

Each API ethnic group has members who receive Social Security. Japanese, the largest ethnic group are the largest number of beneficiaries (2,988 or 79 percent). Filipinos, Other Asians (including Asian Indians, Indonesians, Pakistanis) and Pacific Islanders (Hawaiians, Samoans, Other Polynesians and Guamanians) all have a majority of elders receiving Social Security. This pattern, however, does not hold true for the Chinese, Korean and Southeast Asians.

Among these groups only a minority receive Social Security income. Among Chinese and Koreans, the portions receiving Social Security income is less than half, and among Southeast Asians, only a third receive Social Security income.

Income and Social Security. In general, the majority of Asian Pacific Islander seniors 65+ (n= 7,233) in Washington State are receiving Social Security. Thirteen percent of Asian Pacific Islander seniors (n=1,536) live in poverty (i.e. have income less than or equal to 100 percent of the Federal Poverty Level). Among elders in poverty, only 42 percent receive Social Security. About one-fifth of Asian Pacific Islander elders are near poor (i.e. income equals 101–200 percent of the Federal Poverty Level). Among the near poor, 53 percent receive Social Security. And finally, among those with modest incomes (i.e. greater than 200 percent of the Federal Poverty Level) 64 percent receive Social Security income. API elders with modest incomes also represent almost two-thirds of the population (n=7,902 seniors).

Table 4.2 *Social Security and Income for API Elders 65+ in Washington*

Income	Receive Social Security		No Social Security		Total
	n	%	n	%	
n/a	228	87%	33	13%	261
income ≤ 100% FPL	651	42%	885	58%	1536
101–125% FPL	555	62%	339	38%	894
126–150% FPL	282	45%	345	55%	627
151–200% FPL	498	51%	480	49%	978
201 plus% FPL	5019	64%	2883	36%	7902
Total	7233	59%	4965	41%	12198

Living Arrangement and Receipt of Social Security. Almost a quarter of Asian Pacific Islander older persons live alone and nearly half live with a spouse. One tenth live as a "subfamily" with another adult as the primarily householder (i.e. an adult child, relative or friend), and a fifth live in another (unknown) arrangement.

Among API older persons 65+ living alone 1,992 (71 percent) receive Social Security. The proportion is slightly lower among married couples, among whom 69 percent (n=3,957) receive Social Security income. Among API elders living with another adult as a subfamily, only 30 percent receive Social Security income (n=315). Among those living in another arrangement, 37 percent (n=969) receive Social Security.

Mobility Limitation. There are 13,149 API persons age 55–64 in 1990 in Washington: 7 percent (n=864) report having a mobility limitation. In comparison, a larger portion of Southeast Asians report a mobility limitation (228 or 20 percent), as do Koreans (159 or 11 percent). Japanese, however, report less mobility limitation (13 or 53 percent). Chinese (138 or 6 percent) and Filipinos (204 or 7 percent) report a mobility limitation rate very close to the overall average and. No Pacific Islanders report a mobility limitation.

Among persons 65 and older, the mobility limitation rate is higher overall at (2,079 or 17 percent). The highest mobility limitation is reported by Other Asians (78 or 35 percent), followed by Koreans (243 or 22 percent), and Filipinos (744 or 20 percent). Mobility limitation among Chinese (390 or 17 percent) is the same as the overall average. Southeast Asians (90 or 15 percent), Japanese (504 or 13 percent) and Pacific Islanders (30 or 9 percent) all have lower rates of mobility limitation.

As expected, the mobility limitation rate increases with age. While only 7 percent of the youngest cohort (age 55–64) has mobility limitations, this increases to 11 percent among those age 65–74, to 25 percent among those 75–84, and to 56 percent for those 85 and older.

Personal Care Limitation. The number of Asian Pacific Islanders 55–64 reporting a personal care limitation is slightly higher than the number reporting mobility limitation at 9 percent (n=1,239) overall. Among API elders, Koreans (255 or 18 percent) and Southeast Asians (204 or 18 percent) are the most likely to report a personal care limitation. Among Filipinos, 11 percent (n=324) report a personal care limitation. Eight percent of Pacific Islanders report a personal care limitation, representing 24 elders. There are also 306 Japanese elders reporting a personal care limitation, representing 7 percent of their community, and 126 Chinese elders reporting a personal care limitation. They represent 5 percent of the Chinese community. No "Other Asians" report a personal care limitation.

Among Asian Pacific Islanders 65 and older in Washington, 15 percent report a personal care limitation. Almost one-third of Other Asians (n=72) and nearly one-quarter (n= 258) Koreans report a personal care limitation. While only 17 percent of Filipinos report a personal care limitation, they are the largest group (n=642). Southeast Asians and Japanese follow with 15 percent (n=93) and 14 percent (n= 519) respectively. Only 10 percent (n= 246) of Chinese, and 9 percent (n=30) of Pacific Islanders report a personal care limitation.

There is a positive correlation between age and a personal care limitation. While only 9 percent report a personal care limitation among those 55–64, 11 percent report this limitation among 65–74 year olds, one-fifth report this limitation among 75–84 year olds, and 44 percent report this type of limitation among those 85 and older.

King County — Health Access

Social Security and Ethnic Group. There are 8,088 Asian Pacific Islander seniors 65+ in King County. The majority (4,896 seniors or 60 percent) receive Social Security payments, while 40 percent (n=3,192) do not.

Table 4.3 *Social Security for API Elders 65+ in King County*

Ethnicity	Receive Social Security n	Receive Social Security %	No Social Security n	No Social Security %	Total
Japanese	1818	76%	564	24%	2382
Chinese	1014	51%	963	49%	1977
Filipino	1632	60%	1089	40%	2721
Korean	186	42%	261	58%	447
Southeast Asian	132	45%	159	55%	291
Pacific Islander	96	73%	36	27%	132
Other Asian	18	13%	120	87%	138
Total	4896	61%	3192	39%	8088

On average, 60 percent of API elders in King County receive Social Security. Among those above the average, three-quarters (n=1,818) of Japanese, nearly three-quarters (n=96) of Pacific Islanders, and three-fifths of Filipinos (n=1,632). Among those below the average are Southeast Asians (Vietnamese, Cambodians, Lao and Hmong) who include only 45 percent (n=132), Koreans at 42 percent (n=186), and Other Asian communities (Asian Indians) at 13 percent (n=18).

Income and Social Security. In King County, about 13 percent (n=1,020) live in poverty (i.e. have income less than or equal to 100 percent of the Federal Poverty Level). One-fifth (n=1,625) have income near poverty (i.e. 101–200 percent of poverty), and almost two-thirds (n=5,217) have income greater than 200 percent of the Federal Poverty Level. Of 1,020 seniors living in poverty, nearly half (n=498) receive Social Security. Among the near poor, half (n=855) receive Social Security. And finally, among those with income greater than 200 percent of the Federal Poverty Level, almost two-thirds receive Social Security.

Table 4.4 *Social Security and Income for API Elders 65+ in King County*

Income	Receive Social Security n	Receive Social Security %	No Social Security n	No Social Security %	Total
n/a	183	85%	33	15%	216
income ≤ 100% FPL	498	49%	522	51%	1020
101–125% FPL	324	65%	171	35%	495
126–150% FPL	198	38%	327	62%	525
151–200% FPL	333	54%	282	46%	615
201 plus% FPL	3360	64%	1857	36%	5217
TOTAL	4896	61%	3192	39%	8088

Living Arrangement and Receipt of Social Security. Almost one-fourth (n=1,968) of APIs elders 65+ live alone in King County. Nearly half (n=3,933) live with their spouse and 9 percent (n= 714) live as a "subfamily" with someone else, such as an adult child, adult relative or friend, as the primary householder. Finally, almost one-fifth (n=1,473) live in another arrangement.

Among the 1,968 Asian Pacific Islander older persons living alone, almost three-quarters receive Social Security income. For married couples living together, the rate drops slightly to 65 percent. The rate is lower still for elders who live as a "subfamily," (36 percent). Among the 1,473 API elders living in another arrangement, almost half (n= 660) receive Social Security.

Mobility Limitations. Among API elders age 55–64, only 8 percent (n=519) report a mobility limitation. Southeast Asians are the most likely to report mobility limitations

(111 or 18 percent), and Filipinos were the second most likely with the largest number of elders (204 or 12 percent), followed by 9 percent (n=48) of Koreans. Further, only 6 percent (93 elders) of Chinese elders, and 3 percent (63 elders) of Japanese elders report a mobility limitation. None of those classified as Other Asians (i.e. Asian Indians and Indonesians) or Pacific Islanders (i.e. Hawaiian and Samoan) report a mobility limitation in this age cohort.

Among Asian Pacific Islander seniors 65 and older, a fifth (n=1,683) report mobility limitations. In King County, ethnic groups with large portions reporting mobility limitations are Southeast Asians (243 or 84 percent), Other Asians (57 or 41 percent), Koreans (162 or 36 percent), Chinese (375 or 19 percent), Japanese (405 or 17 percent) and Filipinos (441 or 16 percent). No Pacific Islanders report having a mobility limitation.

As expected, the proportions reporting mobility limitations increase with age. Among those 55–64 in 1990, 8 percent (n=519) report mobility limitations, among those age 65–74, 10 percent (n=537) report mobility limitations, among those 75–84, more than one-fourth (n=558), and among those 85 and older, more than one-half (n=345) have a mobility limitation.

Personal Care Limitation. Among APIs age 55–64 in King County, 8 percent report a personal care limitation. Southeast Asians (n=111) and Koreans (n=72) are the most likely to have a personal care limitation (18 percent of each group). Again, Filipinos had the largest number with a personal care limitation at 213 persons (12 percent). Among Chinese, 126 elders (8 percent) report a personal care limitation.

Among APIs age 65 and older 16 percent report a personal care limitation (n=1,254). The highest proportion is among Koreans, (153 or 34 percent), followed by almost a fourth of Other Asians follow with (n=33), almost one-fifth (n=516) of Filipinos report a personal care limitation. Twelve percent of Chinese (n=240) and Japanese (n=285) report a personal care limitation. Only 9 percent (n=27) of Southeast Asians and no Pacific Islanders report a personal care limitation.

As expected, reports of a personal care limitation are positively correlated with age. While only 8 percent (n=579) of APIs age 55–64 report a personal care limitation, among 65–74 year olds 10 percent (n=519), among 75–84 year olds 23 percent (n=480), and among those 85 and older, 41 percent (n=255) report a personal care limitation.

Snohomish County — Health Access

Social Security and Ethnic Group. There are 627 Asian Pacific Islander seniors 65+ in Snohomish County. Forty percent (252 seniors) receive Social Security income and 60 percent do not (375 seniors).

Table 4.5 Social Security for API Elders 65+ in Snohomish

Ethnicity	Receive Social Security		No Social Security		Total
	n	%	n	%	
Japanese	144	100%	0	0%	144
Chinese	0	0%	108	100%	108
Filipino	6	5%	123	95%	129
Korean	36	44%	45	56%	81
Southeast Asian	24	30%	57	70%	81
Pacific Islander	0	0%	42	100%	42
Other Asian	42	100%	0	0%	42
Total	252	40%	375	60%	627

All the Japanese seniors (144 seniors), and all the Other Asian (42 Indonesian seniors) receive Social Security income. They are the only two groups where the majority of seniors receive Social Security. In contrast, 45 percent (36 seniors) of Korean seniors receive Social Security, and less than one-third (24 seniors 30 or percent) of Southeast Asian (Vietnamese and Lao) seniors receive Social Security. Only 5 percent (6 seniors) of Filipino seniors receive Social Security and none of the Chinese or Pacific Islander (Guamanian) seniors receive Social Security (108 and 42 seniors, respectively).

Income and Social Security. Only 15 API older persons 65+ (2 percent) live in poverty in Snohomish County, while almost a quarter (n= 150) are near poor (income equal to 101–200 percent of the Federal Poverty Level). In addition, three-fourths of API elders (n= 462) report incomes greater than 200 percent of the Federal Poverty Level.

Of the 15 API elders living in poverty, none receive Social Security income. Among the near poor, nearly half (66 or 44 percent) receive Social Security and among those with income greater than 200 percent of the Federal Poverty Level), less than half (40 percent) receive Social Security income. Compared to other Washington counties, Social Security appears to play as smaller role in income security for API older persons in Snohomish County.

Table 4.6 Social Security and Income for API Elders 65+ in Snohomish

Income	Receive Social Security		No Social Security		Total
	n	%	n	%	
n/a	0	0%	0	0%	0
income <= 100% FPL	0	0%	15	100%	15
101–125% FPL	24	30%	57	70%	81
126–150% FPL	42	100%	0	0%	42
151–200% FPL	0	0%	27	100%	27
201 plus% FPL	186	40%	276	60%	462
TOTAL	252	40%	375	60%	627

Living Arrangement and Receipt of Social Security. No API elders 65+ in Snohomish County live alone. About one-third (n= 207) live with a spouse, almost one-fifth (n=111) live as a" subfamily" with another adult (adult child, relative or friend) as the primary householder, and almost one-half (n=309 seniors) live in another arrangement.

Among married couples living together, 80 percent (n=165) of API elders receive Social Security income. For the 111 seniors living as a "subfamily", a fifth (n= 24) receive Social Security as do a fifth living in another arrangement.

Mobility Limitations. Among 732 APIs 55–64 in Snohomish County, one-fourth of Korean elders (n=18) report mobility limitations. Among the 627 APIs 65 and over in Snohomish County, only 75 Filipinos report a mobility limitation (12 percent of APIs). While increasing numbers of API elders report mobility limitations among 55 and 84 year olds, none of the 15 elders age 85+ report mobility limitations.

Personal Care Limitation. Among APIs age 55–64, none reported needing assistance with personal care. Among those 65 and over, only 4 percent (n=27) report a personal care limitation: 27 Koreans or half of the 65+ elders in this ethnic group. No Chinese, Filipinos, Japanese, Southeast Asians, Other Asians or Pacific Islanders report a personal care limitation.

Pierce County — Health Access

Social Security and Ethnic Group. There are 1,278 Asian Pacific Islanders 65 and older in Pierce County in 1990. Overall, a majority (681 or 53 percent) receives Social Security.

Table 4.7 *Social Security for API Elders 65+ in Pierce*

Ethnicity	Receive Social Security n	%	No Social Security n	%	Total
Japanese	300	78%	84	22%	384
Chinese	9	20%	36	80%	45
Filipino	144	43%	189	57%	333
Korean	192	56%	153	44%	345
Southeast Asian	15	16%	78	84%	93
Pacific Islander	3	9%	30	91%	33
Other Asian	18	40%	27	60%	45
Total	681	53%	597	47%	1278

Japanese have the highest rates of Social Security receipt at more than three-quarters (n=300). As well, a majority of Koreans (n=192) receive Social Security. Among all other API ethnic groups in Pierce County, less than half, or 43 percent of Filipinos (n=144), 40 percent of Indian, Pakistani and Other Asians (n=18), 16 percent of Southeast Asians (n=15), and only 9 percent of Pacific Islanders (n=3) receive Social Security income.

Income and Social Security. A fifth (n=246) of the Pierce County API elders 65+ live in poverty, while almost one-fourth (n=303) live in near poverty, and a majority (n=711) have income greater than 200 percent of the Federal Poverty Level.

Of the 246 API elders living in poverty, a third (n=87) receive Social Security. Two-fifths (n=132) receive Social Security among the near poor and almost two-thirds of those 200 percent above the Federal Poverty Level (n= 444) receive Social Security income.

Table 4.8 *Social Security and Income for API Elders 65+ in Pierce*

Income	Receive Social Security n	%	No Social Security n	%	Total
n/a	18	100%	0	0%	18
income ≤ 100% FPL	87	35%	159	65%	246
101–125% FPL	48	46%	57	54%	105
126–150% FPL	42	88%	6	13%	48
151–200% FPL	42	28%	108	72%	150
201 plus% FPL	444	62%	267	38%	711
Total	681	53%	597	47%	1278

Living Arrangement and Receipt of Social Security. More than one-fourth (n=342) of the API elders 65+ in Pierce County live alone, while 40 percent (n=516) live with their spouse, as married couples. A small percentage (51 or 4 percent) live as a "subfamily," with another adult (adult child, relative or friend) as the primary householder, and 29 percent (n=369) live in another arrangement.

Almost two-thirds (n=219) of API elders living alone and three-fourths (n=402) among married couples receive Social Security income. No API elders living as a "subfamily" receive Social Security income. Among with another living arrangement, only 16 percent (n=60) receive Social Security income.

Mobility Limitation. Of 2,628 APIs age 55–64 in Pierce County only seven percent (n=177) report a mobility limitation. Among the different communities, nearly one-third (n=72) of Southeast Asians (i.e. Vietnamese and Cambodians), 11 percent (n=84) of Koreans, and 2 percent (n=21) of Japanese elders report a mobility limitation. No Chinese, Filipino, Other Asian or Pacific Islander (Hawaiian) elders report a mobility limitation.

Among 1,278 APIs 65 and older in Pierce County, nearly one-fourth report having a mobility limitation. Almost all (30 or 91 percent) of Pacific Islanders, over one-third of Southeast Asians (n=36), and Filipinos (n=126) report a mobility limitation. A smaller portion of Koreans (60 or 17 percent) and Japanese (45 or 12 percent) also report a mobility limitation.

Comparisons among age groups for APIs shows increasing mobility limitation with age from 7 percent among 55–64 year olds, to 21 percent among 65–74 year olds, a doubling to 42 percent among 75–84 year olds and an increase to half among those 85 and older.

Personal Care Limitation. Among APIs 55–64, 12 percent (n=324) report a need for assistance with bathing, dressing, or getting around inside the house. Koreans show the highest proportion of these needs at one-fifth (n=174), followed by Southeast Asians (36 or 16 percent), and Japanese elders (114 or 11 percent). No Chinese, Filipinos, Other Asians (Thai and Indonesians) or Pacific Islanders (Hawaiian) in this age cohort report needs with personal care.

Among APIs age 65 and older, a fifth report needing personal care assistance (n=258). As with reports of mobility limitation, 90 percent of Pacific Islanders (n=30) report needing assistance with personal care. Almost one-third (n=117) of Japanese, and 17 percent of Korean elders (n=57) report needing assistance as well as 14 percent of Chinese (n=6), 12 percent of Filipinos (n=39) and 10 percent of Southeast Asians (n=9). No Other Asians report needing assistance with personal care.

Again, personal care needs increased with age among API elders: among those 55–64 the rate was 12 percent (n=324), among 65–74 year olds the rate doubled to almost one-fourth (n=246) and only slightly increased for 75–84 year olds to 29 percent (n=66), then increased to one-half (n=6) among those 85 and over.

Thurston County — Health Access

Social Security and Ethnic Group. A majority of 207 API elders 65+ in Thurston County (n=114) receive Social Security income.

Table 4.9 Social Security for API Elders 65+ in Thurston

Ethnicity	Receive Social Security		No Social Security		Total
	n	%	n	%	
Japanese	27	100%	0	0%	27
Chinese	15	100%	0	0%	15
Filipino	18	55%	15	45%	33
Korean	27	33%	54	67%	81
Southeast Asian	0	0%	24	100%	24
Pacific Islander	27	100%	0	0%	27
Other Asian	0	0%	0	0%	0
Total	114	55%	344	55%	207

All Chinese (n=15), Japanese (n=27) and Pacific Islander (27 Guamanians) older persons in Thurston County receive Social Security income in addition to more than half of 18 Filipinos and one-third of 27 Koreans. No Southeast Asian (Vietnamese) elders in Thurston County receive Social Security income.

Income and Social Security. Twelve percent (24 seniors) of API elders 65+ live in poverty. Just as many live in near poverty (101–200 percent of poverty) and more than three-quarters (159 or 76 percent) enjoy incomes greater than 200 percent of the Federal Poverty Level.

None of the API elders in poverty or near poverty receive Social Security income. Seventy-two percent of the 159 API elders with income greater than 200 percent of the Federal Poverty Level, however, do receive Social Security Income.

Table 4.10 Social Security and Income for API Elders 65+ in Thurston

Income	Receive Social Security		No Social Security		Total
	n	%	n	%	
n/a	0	0%	0	0%	0
income ≤ 100% FPL	0	0%	24	100%	24
101–125% FPL	0	0%	24	100%	24
126–150% FPL	0	0%	0	0%	0
151–200% FPL	0	0%	0	0%	0
201 plus% FPL	114	72%	45	28%	159
Total	114	55%	93	45%	207

Living Arrangement and Receipt of Social Security. Of the 207 APIs 65 and older in Thurston County in 1990, 12 percent (n=24) live alone. Twenty-nine percent (n=60) live with a spouse, as a married couple. Fifteen percent (n=30) live as a "subfamily" where another adult (adult child or relative) is the primary householder and, nearly half (n=93) live in another arrangement.

None of those living alone receive Social Security income. Of the 60 API elders living as married couples, three-quarters (n=45) receive Social Security. None of those living as a "subfamily" receive Social Security income, but almost three-quarters (n=69) living in other arrangements receive Social Security income.

Mobility Limitations. Among 465 APIs age 55–64 in Thurston County, only 15 (3 percent) report a mobility limitation: all are Vietnamese (11 percent of the Southeast Asians, who include Vietnamese and Cambodian). No Chinese, Filipinos, Japanese, Koreans or Pacific Islanders (Guamanian) report mobility limitations.

Among the APIs 65 and older, the mobility limitation rate doubled to 7 percent, which included all 15 Chinese. No Filipinos, Japanese, Koreans, Southeast Asians or Pacific Islanders reported a mobility limitation.

Across age groups of API elders, 15 among those 55–64 and 15 among those 75–84 cohorts reported a mobility limitation, but none among 65–74 or 85 and older age cohorts reported a mobility limitation.

Personal Care Limitation. Among APIs age 55–64, 8 percent (n=36) report needs for assistance with personal care, including one-third of Filipinos (n=21) and 11 percent of Vietnamese (n=15). No Chinese, Japanese, Koreans or Pacific Islanders (age 55–64) report a personal care limitation. As well, no APIs 65 and older report a need for personal care assistance.

Comparison age cohorts show only 21 elders (age 55–64) in Thurston County report needing personal care, and none of those 65–74 (n=165), or 75–84 (n=42) report needing personal care assistance.

Kitsap County — Health Access

Social Security and Ethnic Group. Among 276 API elders 65+ in Kitsap County, two-thirds (n=183) receive Social Security.

Table 4.11 Social Security for API Elders 65+ in Kitsap

Ethnicity	Receive Social Security		No Social Security		Total
	n	%	n	%	
Japanese	39	65%	21	35%	60
Chinese	24	80%	6	20%	30
Filipino	120	78%	33	22%	153
Korean	0	0%	18	100%	18
Southeast Asian	0	0%	0	0%	0
Pacific Islander	0	0%	15	100%	15
Other Asian	0	0%	0	0%	0
Total	183	66%	93	34%	276

Chinese (n=24), Filipinos (n=120), and Japanese (n=39) are the most likely to receive Social Security income. No Korean or Pacific Islander elders receive Social Security.

Income and Social Security. Of the 276 API elders 65+, 16 percent (n=45) live in poverty, 4 percent (n=12) live in near poverty, and 80 percent (n=219) report income greater than 100 percent of the Federal Poverty Level.

Among the 45 APIs in Kitsap County who live in poverty, half receive Social Security income. None of the 12 APIs who live in near poverty receive Social Security income. However, 73 percent (n=159) with incomes at 200 percent of the Federal Poverty Level receive Social Security income.

Table 4.12 Social Security and Income for API Elders 65+ in Kitsap

Income	Receive Social Security		No Social Security		Total
	n	%	n	%	
n/a	0	0%	0	0%	0
income £ 100% FPL	24	53%	21	47%	45
101–125% FPL	0	0%	0	0%	0
126–150% FPL	0	0%	12	100%	12
151–200% FPL	0	0%	0	0%	0
201 plus% FPL	159	73%	60	27%	219
Total	183	66%	93	34%	276

Living Arrangement and Receipt of Social Security. About one-third (n= 90) of Kitsap County API elders 65+ live alone, slightly more than one-third (n=102) report living with their spouse, as a married couple, and slightly less than one-third (n=84) report living in another arrangement.

Of the 90 API elders living alone, three-fourths report Social Security income, as do three-fifths of the married couples say they receive Social Security income, and two-thirds of those living in other arrangements.

Mobility Limitation. No APIs (age 55–64) report a mobility limitation. Among APIs age 65 and older), however, about 9 percent report a mobility limitation. These include 16 percent of Filipinos in this age group (n=24). No Chinese Japanese, Koreans or Pacific Islanders (Guamanian) elders report a mobility limitation.

Personal Care Limitation. Unlike rates of API older persons with mobility limitations, 11 percent (n=84) of APIs between 55–64 report needing assistance with personal care. These include 71 percent of the Filipinos (n=60) and 30 percent of Pacific Islanders (24 Hawaiians). No Chinese or Japanese in this age group report a personal care limitation.

Among APIs 65 and older, only 4 percent (n=12) report needing assistance with personal care. These include 8 percent of Filipinos (n=12). No Chinese, Japanese, Koreans or Pacific Islanders (Guamanian) reported a personal care limitation.

In Kitsap County, surprisingly APIs between 55–64 had the highest rate of personal care limitations among (11 percent). Among those 65–74, none report a personal care limitation, but among the 75–84 year olds, 8 percent report a personal care limitation.

Alaska — Health Access

Social Security and Ethnic Group. Among the 621 API elders 65+, less than half receive Social Security (n=277).

Table 4.13 Social Security for API Elders 65+ in Alaska

Ethnicity	Receive Social Security		No Social Security		Total
	n	%	n	%	
Japanese	116	81%	28	19%	144
Chinese	0	0%	93	100%	93
Filipino	84	64%	48	36%	132
Korean	0	0%	60	100%	60
Southeast Asian	0	0%	65	100%	65
Pacific Islander	29	54%	25	46%	54
Other Asian	6	100%	0	0%	6
Total	277	45%	344	55%	621

Among the Japanese, 81 percent (n=116), 64 percent of Filipinos (n=84), two-thirds of Other Asians who are mostly Asian Indians (n=48), and a little more than half of Pacific Islanders (n=29) receive Social Security. None of the Chinese (n=93), Southeast Asians (n=65) or Koreans (n=60) elderly receive Social Security.

Income and Social Security. Of 176 API elders 65+ (28 percent) living in poverty, about one-third receive Social Security. Among 174 seniors living between 101 and 200 percent of the poverty level, slightly more receive Social Security (n=94) than do not (n=80). Of the 255 seniors receiving income greater than 200 percent of the Federal Poverty Level, about half receive Social Security (n=125).

Table 4.14 Social Security and Income for API Elders 65+ in Alaska

Income	Receive Social Security		No Social Security		Total
	n	%	n	%	
n/a	0	0%	16	100%	16
Income ≤ 100% FPL	58	33%	118	67%	176
101–125% FPL	42	68%	20	32%	62
126–150% FPL	29	41%	41	59%	70
151–200% FPL	23	55%	19	45%	42
201 plus% FPL	125	49%	130	51%	255
Total	277	45%	344	55%	621

Living Arrangement and Receipt of Social Security. In Alaska, about 10 percent (n=61) of the API elders 65+ live alone, while more than half live with a spouse (n=353). The remaining one-third (n=207) are in other living arrangements.

Among those who live alone, more than two-thirds receive Social Security (n=42). Among married couples living together, about one-half (n=173) receive Social Security. Among API elders who live in other arrangements, about 30 percent receive Social Security (n=62 seniors).

Mobility Limitation. Among the API elders in Alaska age 55–64, none report having a mobility limitation. Among those age 65 and older, more than one-fourth (n=169) report a mobility limitation. Among API ethnic groups, all Koreans (n=60), more than half of Filipinos (n=68), almost half of Pacific Islanders (n=25), and about one-tenth of Japanese (n=16) report a mobility limitation. None of the Chinese, Southeast Asians or Other Asians reports mobility limitations.

Increasing age has a positive relationship with mobility limitation. While no APIs 55–64 report a mobility limitation, about a fourth of those 65–84 and more than half of those 85 and older report mobility limitation.

Personal Care Limitation. Among APIs age 55–64 in Alaska, 10 percent (n=111) report personal care limitations. About one-fourth of Japanese (n=61), 14 percent each of Other Asians (n=25) and Pacific Islanders (n=25) report personal care limitations. No Chinese, Filipinos, Koreans or Southeast Asians report personal care limitations in this age group.

Among APIs age 65 and older, more than one-third (n=227) report needing help with personal care: almost two-thirds of Filipinos (n=84), all Koreans (n=60), two-fifths of Japanese (n=58), almost half of Pacific Islanders (n=25). No Chinese, Southeast Asians or Other Asians reported needing help with personal care.

While only 10 percent of younger API elders (age 55–64) report personal care limitations, the proportion jumps quickly to one-third among those 65–84, and to more than half among those 85 and older.

Idaho — Health Access

Social Security and Ethnic Group.

Table 4.15 Social Security for API Elders 65+ in Idaho

Ethnicity	Receive Social Security		No Social Security		Total
	n	%	n	%	
Japanese	296	64%	168	36%	464
Chinese	16	100%	0	0%	16
Filipino	32	100%	0	0%	32
Korean	0	0%	0	0%	0
Southeast Asian	0	0%	0	0%	0
Pacific Islander	28	100%	0	0%	28
Other Asian	20	100%	0	0%	20
Total	392	70%	168	30%	560

Census data in 1990 show that almost three-fourths of API elders receive Social Security Income in Idaho. Among Japanese, the largest group, almost two-thirds (n=296), receive Social Security. All the elders in the other API ethnic groups (Chinese, Filipino, Indian and Guamanian) receive Social Security income.

Income and Social Security. Among API elders 65+, 70 percent (n=392) receive Social Security and none are in poverty. Among API elders not receiving Social Security, 17 percent (n=68) report income less than or equal to 100 percent of Federal Poverty Level.

Those with income greater than 200 percent of the Federal Poverty Level, include two-thirds of those receiving Social Security as well as two-thirds of those not receiving Social Security.

Table 4.16 Social Security and Income for API Elders 65+ in Idaho

Income	Receive Social Security		No Social Security		Total
	n	%	n	%	
n/a	68	100%	0	0%	68
income ≤ 100% FPL	0	0%	28	100%	28
101–125% FPL	0	0%	0	0%	0
126–150% FPL	0	0%	0	0%	0
151–200% FPL	84	75%	28	25%	112
201 plus% FPL	240	68%	112	32%	352
Total	392	70%	168	30%	560

Living Arrangement and Receipt of Social Security. Among those receiving Social Security, almost one-fifth live alone (n=72), almost two-thirds live with a spouse (n=244), and almost one-fifth live in other arrangements (n=76).

Among those not receiving Social Security, more than one-third (n=64) live alone and almost two-thirds live with a spouse (n=104).

Mobility Limitation. None of the 524 APIs age 55–64 reports a mobility limitation in 1990. Among those 65 years and older, only 16 percent (n=92) report a mobility limitation: 14 percent of Japanese (n=64) and all the Guamanians (n=28).

Among APIs in Idaho, mobility limitation does not appear to increase with age: no APIs 55–64 report mobility limitation. Among those 65–74, 16 percent (n=68) and two-thirds (n=24) of those 85 years and older report a mobility limitation but there were no such reports among those aged 75–84.

Personal Care Limitation. None of the 524 APIs 55–64 years of age reported needing help with personal care. However, one-fourth (n=140) of APIs 65 and older report needing help with personal care: including, one-fifth of Japanese (n= 92), followed by all Guamanians (n=28) and two-thirds of Filipino (n=20).

While no API's age 55–64 reported needing help with personal care, a fifth (n=96) of those age 65–74, a fifth (n=20) of those age 75–84 and two-thirds (n=24) of those 85 plus needed help with personal care.

Chapter 5. Discussion

This chapter discusses the findings across chapters three and four and will lead to conclusions and commentary presented in the next chapter. A large amount of descriptive data has been presented about Asian Pacific Islanders 55 years and older in the states of Washington, Alaska, and Idaho. Little is known about this group. In the last decade, since 1990, the year data analyzed for this study were collected, it is estimated that while the total State populations grew at less than 21 percent, API populations have grown as much as 44 percent in Washington, 38 percent in Idaho and 32 percent in Alaska.

In the following sections, findings are discussed with regard to social and economic characteristics of API older persons (i.e. ethnicity, gender, living arrangement, citizenship, English ability, employment, and income) and factors affecting health access (i.e. receipt of social security, mobility and personal care limitations).

Ethnicity

After the 1990 US Census, demographers noted that Asian Pacific Islanders are among the fastest growing populations in the nation (Barringer, Gardner, Levin 1993). Much of the growth can be attributed to (a) changes in the Immigration and Naturalization Act of 1965, the flight of Southeast Asian refugees from Vietnam, Cambodia and Laos, and family reunification policies that enable elders to reunite with their adult children, and (b) and the impact of large numbers of APIs who will join those 65+ in the year 2000.

Immigration. The impact of increased diversity and size of API communities in the US includes growth in the number of API older persons. In Washington, Idaho and Alaska, most of the oldest old (75 and older) are more likely to be Chinese, Filipino and Japanese, a reflection of historic immigration patterns. Younger API elders are more likely to include several ethnic groups.

Despite the number of relatively recent immigrants (i.e. since the 1970s), the three largest groups among Asian Pacific Islander elders remain Japanese, Chinese and Filipino. All three groups are fairly equal in size and no one group dominates the Asian Pacific Islander category. While the number of Japanese is growing in size, this is attributable to the aging-in of 'nisei' or second generation US born persons. In contrast, growth in the number of Chinese and Filipinos is a factor of aging-in of US born members as well as continued high levels of immigration from the People's Republic of China, Taiwan and Hong Kong and from the Philippines. Indeed the 2000 Census will probably include greater growth among Chinese and Filipinos, largely due to immigration. Most Southeast Asian elders (i.e. Vietnamese, Cambodians, Hmong and Lao), live in King County, WA with small numbers widely dispersed among the other counties studied as well as in Alaska. They are largely a 'younger' population of elders with very few being 75 and older.

In addition to the continued growth of established Japanese, Chinese and Filipino communities, Koreans are the fastest growing API ethnic group. In addition to a high immigration rate among employable adults who age-in, elders are being sponsored by adult children in an effort to reunify the family and meet family care needs (for grandchildren as well as elders). Sponsoring elder parents to the US through the 'immediate relatives' provision in the family reunification category of US immigration laws, is not subject to numerical quotas (Barringer, Gardner, Levin 1993). Similar immigration patterns among older adults hold for Asian Indians, although the numbers of elders immigrating are smaller.

Another factor affecting API older adults who have immigrated is the Personal Responsibility Act of 1996 (more commonly known as Welfare Reform). The law specifies conditions under which non-citizens are eligible for public program participation (e.g. food stamps, Supplemental Security Income and Medicaid). Additionally, as a result of the law, requirements for affidavits of support submitted by sponsoring adult children are being enforced. Those assisting families with immigration issues state that workers at US embassies are more "aware" of deeming provisions, and may be more inclined to turn away an elder, because there is a risk that they would need public benefits.

Increase in Young Elders. Across Washington, Alaska and Idaho, APIs 55–64 years of age are generally more than half of the API population 55 and older. In 2000, the API population 65 and older is likely to at least double, while among older populations overall, new elders will increase the older population by 45 percent. In Pierce County, WA the Asian Pacific Islander population was relatively small in 1990 (n=1,278). It will triple in size by the year 2000, even assuming limited migration to and from the County.

Table 5.1 Proportions of 'Young Old' in WA, AK, ID

States	55–64 Years		65+ Years	
	n	%	n	%
WA-all	380,725	40%	575,573	60%
WA-API	13,149	52%	12,198	48%
AK-all	29,280	57%	22,159	43%
AK-API	1,092	64%	621	36%
ID-all	77,819	39%	121,138	61%
ID-API	524	48%	560	52%

Gender

As with older persons in general, API women are a majority among older APIs (59 percent in Alaska, 62 percent in Idaho and 58 percent in Washington). Again, the most pronounced gender disproportions arise from immigration effects.

Table 5.2 Proportion of Women by Ethnicity among 55+ in 1990

	Washington		Alaska		Idaho	
	n	%	n	%	n	%
Chinese	2336	49%	90	28%	76	50%
Filipino	3615	54%	118	59%	40	56%
Japanese	5682	69%	403	100%	508	65%
Korean	1677	67%	112	70%	0	0%
Southeast Asian	765	44%	103	43%	0	0%
Pacific Islander	330	51%	82	60%	28	58%
Other Asian	387	54%	96	38%	20	71%

Women outnumber men at a rate higher than the national average among Japanese and Koreans in each State. This pattern appears to support descriptions by Takaki (1989) and others that of women who arrived in the US independent of their countrymen as wives of US servicemen returning from tours in Asia. Among this group of women, little is understood about the circumstances in which, if widowed, divorced or separated, financial and informal resources are available to them at their age. For instance, to what extent do women in this group benefit from or are prohibited from accessing their spouse's veterans or social security benefits? Are arrangements for health insurance more complicated for this group? Are there different issues related to language ability and citizenship that affect their willingness to seek help and information?

Among Chinese, including persons from Taiwan (who are mostly male) the lower than expected proportion of women could be attributed to men immigrating as sojourners, who remained in the US instead of reuniting with family members. Among Southeast Asians, differences among gender may reflect survival rates among those arriving as refugees.

While further study is needed to validate these explanations of the data, the growing numbers and diversity of older API women suggest a need to focus on the context in which information on older women's health issues might need special attention. API women, who recently immigrated to the US, are less able to rely on men to navigate health systems and assess health needs as they age. Information dissemination strategies that target adult children might be a more effective outreach approach than direct mail to elders.

Living Arrangements

In this study, the focus is on living arrangements reported by API older persons more than on marital status. Among some API ethnic groups, married elders do not live with their spouse; instead they might live in different countries, they might live with different adult children, or may be separated for other reasons. While living with a spouse was the modal living arrangement overall among APIs in each State, there was variation among ethnic groups. In Washington, for example, just under half of APIs 65 and older live with a spouse, which include one in five Asian Indians to three out of five Japanese.

Studies in the last decade have shown that living arrangements may be a better indicator of risk among older persons than marital status. On the one hand, as women continue their longevity advantage over men, they also exhaust assets, outlive those most likely to provide informal care, and experience high levels of disability due to chronic health conditions. Living alone among older Americans is a risk indicator and increases with age (Davis, 1993).

In this study, the prevalence of living alone varied by ethnic group. Surprisingly, in Alaska, more APIs lived alone toward the end of their productive years (i.e. between 55–64) than at 75 and older. On the one hand, this could reflect types of work or work conditions, such as cannery work that encourage men to live alone or relocation among those with health problems to more hospitable climates and communities with richer service infrastructures. On the other hand, this finding could be due to types of housing arrangements in Alaska.

In Idaho and Washington, as expected, living alone seems to increase as elders age. Among those 55–64, about 16 percent of APIs live alone and the proportion increases to almost one out of four among those 65 and older in both States. Among those 75 and older in Idaho, there are only 20 Asian Indian men, 32 Filipino men over 75 years old, 68 Japanese men over 75 years old, and 24 Japanese women over 85 in their respective ethnic groups. It is likely that the absence of a spouse or other family members results in a high portion of persons living alone relative to other aged populations. In Washington, the availability of family members and options such as congregate housing appears to mitigate larger numbers living alone. More information is needed on living arrangements among API elders to better understand the kinds and levels of informal and formal care resources available to them.

Citizenship

On average nationally, about 70 percent of all API older persons were not born in the US. Of these, about half have become naturalized US citizens and half maintain their immigrant status. Among the States studied this is generally true, with some variation among ethnic groups. For API older persons since enactment of Welfare Reform in 1996, the biggest issue for the one-third who are not citizens is attaining US citizenship.

Koreans and Southeast Asians (i.e. Vietnamese, Cambodian, Lao and Hmong) and Other Asians (mostly Asian Indians) are the largest groups of API elders who are not US citizens, followed by Chinese. Large numbers of immigrants from these countries arrived after 1965 as part of family reunification or refugee policies, and prior to 1996, were not pressured to attain US citizenship. The Welfare Reform law included new rules for eligibility for certain public programs, such as Medicaid (Clearinghouse, 1997; Immigration Committee, 1997; Newcomer Information Clearinghouse, 1997; Suskind, 1994).

Among other groups, such as Chinese, Filipinos, and Koreans, some may not wish to become citizens because they plan to return to their country of origin, but for most, significant literacy and language barriers limit their ability to successfully complete the requirements for attaining U.S. citizenship. Additionally, many who planned on 'going home' find it increasingly unlikely as they age-in. They are now conceding plans to stay and need to apply for citizenship. Others raise concerns that the citizenship tests are too difficult, many have attempted to pass the tests and failed, this creates a perception that the tests are too hard, and should be waived for elderly.

Since the enactment of Welfare Reform in 1996, many API elders have reported being more fearful about interactions with government and other officials because they often assume that programs only serve US citizens. As well, several ethnic groups brought with them a distrust and fear of government officials and find it difficult to believe that public programs might enable them to obtain needed health care and social services. Overcoming information and attitudinal barriers about programs designed to assist API elders continues to challenge both elders and program representatives.

English Ability

Small groups of Japanese elders in Alaska and Idaho (n<50) report not speaking English well. In the State of Washington, more than 800 elders report not speaking English well. More than half of these elders (n=543) live in King County.

Very few Filipino elders in Alaska or Idaho report not speaking English well, but in Washington, nearly 1,400 elders report not speaking English well (n=1,395): 90 percent reside in King County, and 10 percent reside in Pierce County.

Two thirds of Chinese elders who migrated to Alaska and less than two-thirds in Idaho report not speaking English well. Half of the Chinese in Washington (n=2,394) report not speaking English well. While nearly three-quarters of the limited English speaking Chinese elders reside in King County, there were also groups in Kitsap and Snohomish counties that indicate they may need assistance with English. Chinese characters are the same across all dialects spoken in China. Dialects most commonly spoken by Chinese elders in the US are Cantonese, Toishanese, Shanghai, Mandarin (the national dialect), and Fukien. Dialects can be substantially different; a Mandarin speaker may not be intelligible to a Toishanese speaker. As well, Taiwanese is a separate language indigenous to Taiwan. Most persons from Taiwan however, do understand Mandarin and if literate, read Chinese.

Among Koreans in Alaska, 40 percent report not speaking English well and in Washington 60 percent report not speaking English well. There are no Korean elders in Idaho. Of the 1,677 Korean elders who do not speak English well, two in five reported not speaking English at all. About half of monolingual Koreans reside in King County and 186 live in Pierce County. Both Snohomish and Thurston have small communities with non-English speaking Korean elders (n<=50).

In Washington and Alaska, about three-fourths of Southeast Asians report not speaking English well. Half do not speak English at all.

Language barriers (written and aural) continue to be the most significant problem for older APIs. Development of bilingual materials is particularly helpful for those who have limited English skills, those who are bilingual but may need information in their first and second languages to assure comprehension, and for adult children and others who provide further explanation, reassurance, and review of important information with elders.

Employment and Poverty

Labor force participation status is included in this study to (a) assess resources of those entering 'old age' among APIs as well as to infer contributions toward Social Security, and (b) assess labor force participation among those 65 and over who have low incomes.

Employment & Poverty among 55–64. Surprisingly only half of APIs 55–64 years of age are employed across Washington, Alaska and Idaho. There is particularly low workforce participation among women, Cambodians and Lao. Descriptive studies of these communities indicate several possible explanations: that more refugee elders are limited English speaking and have few employment opportunities; that the oldest persons in refugee communities have had harder lives and as a result have more chronic health conditions and disability that hamper gainful employment; or API refugees are more likely to stop working sooner because life expectancy is shorter in many countries of origin (Asian American Community Mental Health Training Center, 1983; Buchholz, 1984; Tran, 1991).

Few report being unemployed. These older workers appear more likely to say they are 'no longer in the work force'. Among men, it is not clear if more want to work, but are unable to find work or if other issues limit workforce participation. Poverty and low income (i.e. up to 150 percent of the Federal Poverty Level) among Southeast Asians affects one quarter of their members. The somewhat high proportion of women not in the labor force together with being recent immigrants points to a high likelihood of continued low income and poverty as they enter 'old age.'

Labor Force participation among 65+. Among APIs 65+, the proportion employed declines dramatically to 14 percent. This rate is close to U.S. average for this age group at 12 percent (Young & Gu, 1993), and slightly lower than the national average for API elders (16 percent). Many Chinese, Korean and Southeast Asian and female elders who have low-incomes are also likely to be limited English speaking and not US citizens.

Income

Data confirm some bimodal patterns among APIs as described in the literature (Lee, 1998; Tanjasiri, 1995). This section will discuss issues among poor and low income API elders, then go on to discuss issues among middle income API elders in order to better address the implications for access to health insurance programs and health care affordability.

Low Income Among Ethnic Groups. The rate of poverty among APIs is 11 percent in Washington, 21 percent in Alaska, and 8 percent in Idaho. Overall, this represents an average level of poverty that is about the same as the national average for all elders. The variation among States and API ethnic groups, however, is critical to understanding how income, and receipt of Social Security in particular, affects access to affordable health care.

The highest poverty rate among API elders is in Alaska, where the population includes clusters of elders who live alone and appear to have few informal or care resources (as reflected in disproportionate genders and age cohorts within ethnic group). Even with the recalculation of the poverty rate in Alaska to accommodate the high cost of living, and the distributions of oil royalties among residents, one in five API elders live in poverty.

In Idaho 80 APIs report income at the poverty level. They appear to be clusters of Filipino men 85+ and Japanese widows, who are relatively isolated 'rare' populations in the State. Because it is less likely that these elders are among more recent arrivals to the US, new Welfare Reform rules are less likely to affect their eligibility for financial and health assistance programs. Language and culture may be a barrier to getting information about and applying for programs for which they are eligible. Use of bilingual materials (perhaps shared by other States) may be a useful outreach approach. As well, telephonic translation approaches, such as those used in some Social Security Administration offices might facilitate language barriers among those not speaking English well enough for eligibility interviews or to complete application forms.

In the Washington counties of Pierce, Thurston, and King the largest portion and number of APIs in poverty are Southeast Asian, Korean and Filipino. Information about financial assistance and health insurance programs needs to be ethnic-specific because of the varied language, immigrant status, and family support factors that need consideration. These are the groups with lower employment at 55–64 and continued employment after age 65. These are the groups with high variation in living arrangements; household income is considered in eligibility determinations for financial assistance. Southeast Asians and Koreans are the groups most likely to report not speaking English well or at all. These are the groups together with Chinese who are only half as likely to receive Social Security. And together, these elders number almost 4,000 individuals or a third of API elders in the State.

Low Income and Receipt of Social Security. Among recently arrived groups such as Southeast Asians, a lower likelihood of receiving Social Security indicates a lack of access to premium-free Medicare Part A as well as few resources to assure affordable health care when needed. Further, with low incomes, it is even less likely that there are discretionary dollars in their budgets to purchase Medicare Part B coverage even if they are aware that this option is available to all persons over 65. While all persons with low incomes might quality for the Qualified Medicare Beneficiary (QMB) or related programs that improve the affordability of health care, different outreach strategies may be required for those receiving Social Security compared to those not receiving Social Security. Those not receiving Social Security who have low incomes are more likely to need information and assistance with applications to "buy-in" to Medicare because they are over 65 and eligible for Medicaid. Because most service providers in the US assume that all older persons over 65 have Medicare, they often are unaware of provisions that help make health care more affordable among those not entitled to Medicare.

Outreach strategies for Qualified Medicare Beneficiary (QMB) and related programs have attempted to target elders in greatest economic need. If the percentage of those eligible for QMB and related program who are **not** reached is about 55 percent in Washington State overall (Families USA Foundation, 1998), then it probably substantially lower among APIs eligible for these programs. Consideration of appropriate and effective outreach is quickly needed.

Furthermore, API community-based advocates indicate that misinformation about Medicare and Medicaid increases exponentially as these programs grow in complexity. Issues raised during community meetings and in the media include: how citizenship status affects eligibility for Medicaid or Medicare buy-in provisions; what to expect in terms of insurance program coverage and out-of-pocket costs when seeking medical care; how to know which providers accept Medicare and Medicaid. These issues are secondary though, to basic information about basic Medicare, new Medicare options, and Medicaid. Materials and outreach campaigns for poor and low income API elders that address these issues in ways that accommodate language, culture, and learning formats of the various API elders appear to be a first step in assuring access to health care and in addressing health care affordability for these diverse ethnic groups (National Asian Pacific Center on Aging, 1998).

Modest Income and Receipt of Social Security. The largest API ethnic groups receiving Social Security in the States studied are also the more established, including Japanese, some Chinese and Pacific Islanders. Social Security income generally appears to be positively associated with higher income just as a lack of Social Security income appears associated with higher poverty, although among API groups, this study found exceptions at both extremes.

In each State, a majority of the API elders report modest incomes greater than 200 percent of the Federal Poverty Level in 1990. In Alaska, 40 percent of API elders report income greater than the 200 percent of the Federal Poverty Level. In Idaho this includes 53 percent of APIs, and in Washington, this includes 76 percent.

Most Japanese and Other Asians elders report modest income levels. Chinese and Filipinos, in contrast, have "bimodal" income distributions, which may be reflected of differences in education, profession and immigration "wave" within each ethnic group. Many of the elders who immigrated to the US after 1965 entered under "occupational preferences" of the law, which favored professionals and scientists (Barringer, Gardner, Levin 1993). While many have been able to work in the US using their skills and knowledge, not all achieved the same level of success. Many encountered barriers in the form of certification, specialization in their field, or acceptance of professional accreditation in the US. Many highly trained elders accepted low-paying unskilled jobs and were able to sustain modest incomes into their 'old age.'

As well, these Chinese and Filipino elders are more likely to report speaking English well, attributed to their participation in the work force as well as length of time in the US. Many modest income elders, particularly those from Guam, Hawaii and the Philippines may have retired from the US military. For these elders, health care affordability may present challenges that differ from those who are poor. Experiences among these elders in the US are likely to have taught them to 'take care of their own' and be self-reliant, as well as to avoid at all costs the stigma of welfare and other government programs. Perceptions of rights and responsibilities related to Medicare among these beneficiaries may be similar to those of other older persons overall – this is not known. As well, access to Medigap and other insurance products may come through past employers (companies like Boeing or the Military), but it is not known how many have Medigap or other co-insurance that can be linked to Medicare coverage.

While more information is needed on the adequacy of insurance coverage among API elders with modest incomes, little is also known about their use of free health insurance counseling that assures accurate and timely information about Medicare basics, recent changes in the Medicare program, and ways that other insurance products are or are not linked to Medicare to improve health care affordability. Initial conversations with State Health Insurance Programs appear to indicate little participation among API elders as counselors, or recipients of SHIP services.

Mobility & Personal Care Limitations

As part of the 1990 Census, individuals were asked to indicate if they had difficulty going outside the home alone (mobility limitation) and if they had difficulty taking care of personal needs, such as bathing, dressing, or getting around inside the home (personal care limitations). In this study, responses to these questions are used as indicators of functional impairment, need for assistance with daily activities, and potential need for health care or supportive service interventions. As expected, mobility and personal care limitations increase with age, but among those 85+, several groups report no functional limitations at all. These elders are among very small numbers of hearty survivors in Alaska and Idaho. This section will discuss functional impairments reported among API elders.

Southeast Asians. Relatively high rates of functional impairment among Southeast Asians is reported for all age cohorts, including those 55–64. This may reflect life experiences of this population, such as flight from war torn countries followed by periods of life in resettlement camps, poor nutrition and living conditions and marginal access to health care. When this information is placed in a context of other data about Southeast Asian elders such as low employment rates as older workers, relatively high poverty levels, and lack of social security income, it becomes feasible to expect that this group will remain among those with high need for home and community-based services as well as assistance with health care access.

Koreans. Among Koreans in King, Pierce, and Thurston Counties of Washington and in Alaska, there are consistently high proportions of elders 65+ who need help to get around outside of their homes or have difficulty with self-care. Together with data showing high proportions of Koreans who do not speak English well or at all, it is likely numbers of limited English proficient Koreans with disability need help to get information and to use health and social service systems.

In Washington, over half of Koreans do not receive Social Security. Arrival in the US at 60 or older or not participating in the work force are likely reasons for the lack of Social Security income. As a result, about half of the Korean elders are likely to need assistance with programs linked to their social security benefits or Medicare and half may need assistance with basic access to health care. Since many Korean elders are more likely to live with family members than alone, approaching family care givers and others in the Korean language community may be an efficient and effective information outreach strategy. Such an approach would both better inform elders and family members on whom they rely about health-related programs.

Filipinos. In the Washington King, Pierce, and Kitsap counties and in Alaska, Filipino elders 65 and over report substantial rates of mobility and personal care limitations. It is not known if the 20 percent or more of Filipino elders with functional impairment precipitated 'retirement.' Filipinos are among the API elders who tend to continue working or report being unemployed after reaching 65 years of age. Assuring that members of this community have access to information about supportive health and social services, especially among younger cohorts of elders, appears critical.

Japanese, Chinese, other Pacific Islanders and Other Asians. Among API elders, as expected, functional limitation increases with age. On average, rates of functional limitations are about one in five among those 65–74 and 75–84 years of age, and more than half among those 85 years and older.

Table 5.3. Functional Limitation Levels Among Age Cohorts of API Elders

State	65–74	75–84	85+
Washington	11%	20%	44%
Alaska	33%	33%	50%
Idaho	20%	20%	66%

Among aging network services, providers of nutrition, home care, adult day center, transportation, and other home and community-based services in most States report low levels of program participation among API older persons. Difficulty reaching and serving API ethnic populations, particularly those who do not speak English well, has been a noted challenge in area agency on aging reports in a few Washington counties. Efforts to improve outreach, including accessibility to information about service programs is a first step. In addition, the development of service approaches that respond to language and cultural differences among elders is a pressing need in order for programs to be accessible to API populations.

Chapter 6. Conclusions and Commentary

In this study, 1990 Census data were analyzed to provide a socioeconomic profile of Asian Pacific Islander (API) older persons in the States of Washington, Alaska, and Idaho. The purpose is to better understand how situations among API older persons affect their access to information about public programs such as Medicare and Medicaid.

Census data does not provide direct information about receipt of or eligibility for Medicare and Medicaid or specific health status measures. However, Census data is the only data available that provides information on Asian Pacific Islanders, with adequate sample size for subgroup analysis. None of the current national surveys that collect information on the participation in public programs or health outcomes and health insurance status among older persons adequately sample API populations to enable estimates of access to Medicare and Medicaid among diverse API populations at the national or State level. Thus, Census data is the best option currently available for studying Asian Pacific Islanders.

Summary of Study Findings and Discussion

Across Washington, Alaska and Idaho, Asian and Pacific Islanders 55–64 years of age, were about one half of API populations 55 and older. In 2000, the API population 65 and over is likely to at least double. Increases in the number of API elders are likely to include more diversity among API ethnic groups, languages, and national origins among younger elders. At the same time, even with little or no additional migration in and out of these States among API elders 75+, by the year 2000 longevity gains due to public health and medical advances and gains in income security (that support improved nutrition, housing, and life quality) are likely to result in the growth in numbers and proportions of 'older old' API elders nationally as well as in Pacific Northwest States.

The current generation of API elders will continue to reflect historic events as well as shifts in US immigration policy in ways that impact the gender distribution within API communities. Filipino, Asian Indian and Taiwanese men who arrived as sojourners, have not reunited with family members, and remain 'bachelors' in the US. Japanese and Korean women who immigrated as wives of US servicemen after WWII and the Korean War, and older Korean women sponsored as immigrants by adult children to care for grandchildren are possible explanations of skewed gender patterns among States studied.

Data about living arrangements among API older persons may hold different inferences than for other populations. While high portions of API elders live alone, this appears mostly among those with financial resources like Social Security. Among the oldest APIs, those not living with a spouse are as likely to live alone as in other arrangements (where a relative or spouse is not the head of household). It is unclear if alternatives to living alone, a risk factor among the oldest old in most communities, infers additional risks or particular benefits for API elders. More information is needed on whether these "other arrangements" are; for example, congregate settings with reliable opportunities for needed supportive care or restrictive institutional settings where environments provide no language, cultural, or family-related support.

Almost three of every four API elders is foreign born. Half have become naturalized US citizens, and half are challenged to understand when and how citizenship status might affect access to needed health and other services. For those living in the US more than 25 years, for refugees arriving with few possessions and life experiences that were seldom marketable in the US, and for elders finally reunited with younger generations of their family, the lack of US citizenship has taken on new meanings since the Welfare Reform Act was enacted in 1996.

In addition to the difficulties of passing an examination to attain US citizenship, reports of "not speaking English well or at all" among 7,700 APIs 55 and over (in 1990) in the State of Washington, almost 500 in Alaska, and 175 in Idaho mean that language will continue to be among the first barriers to independent living for many API elders. As well, even among those who report "speaking English well," there is a need for bilingual assistance when complicated medical or health insurance matters challenge language proficiency.

Even among those who report "speaking English well", understanding Medicare and Medicaid is like another language, and may be difficult to understand for all but the most proficient. Language assistance will assure that API elders get needed information about programs designed to respond to the health and social needs of elders. Language assistance is also needed by API elders and service providers to enable appropriate use of program services and to communicate with service providers. And finally, language assistance is needed in order for API elders to understand and make informed decisions about health care and other challenges in old age.

Labor force participation among older API workers in Washington, Idaho and Alaska was surprisingly low. Only half of those 55–64 years old in 1990 stated they were employed. Few stated they were unemployed. The other half stated they were no longer in the workforce. In addition, the relatively high poverty and low income levels among certain groups (i.e. Southeast Asians, Koreans, and some Filipinos), suggests that a substantial portion of API elders enter 'old age' with few assets. While poverty rates among those 65+ were at about the national average for all persons and APIs nationally (i.e. 12 percent); the aggregate statistic was found to mask high poverty rates among Southeast Asians, Koreans, and some groups of Chinese and Filipinos. While almost all elders with modest incomes received Social Security, very small portions of poor elders do. We suspect that without exposure to health insurance through the workplace or through Social Security, more poor elders are likely to be underinsured and know little about options available to make health care affordable.

Even though Medicare is linked with receipt of Social Security for the majority of older persons in the US this is an assumption about health insurance status which cannot be made for most API elders. Almost all older persons in the US get Medicare automatically. If they contributed to Social Security while in the labor force (or married to someone who made contributions), they do not even need to apply for Medicare; their card arrives in the mail. Furthermore, signing-up for insurance to cover physician visits and outpatient care is simple for those receiving Social Security.

Among API elders who do not receive Social Security, obtaining insurance to make health care affordable is a challenge. Most without Social Security are poor and have low incomes, speak little or no English, and may not be US citizens. In Washington this includes 4,965 of 12,198 API elders, in Alaska this includes 344 of 621 API elders, and in Idaho this includes 168 of 560 elders. It is not clear how much outreach different State Medicaid agencies have conducted to inform API elders about the options available to assist them to apply for the Qualified Medicare Beneficiary or related programs for elders with low incomes. In general, if States undertake QMB outreach, it is less certain that the materials are translated into Asian Pacific Islander languages.

Alternately, among API elders who receive Social Security, about half have modest incomes (200% above the Federal Poverty Level). Most of these elders report "speaking English well." As Medicare and co-insurance programs increase in complexity, efforts among insurance counseling programs (State Health Insurance Information and Counseling Programs) to reach API elders with information about Medigap, Medicare+Choice, and Medicare beneficiary rights and responsibilities may be timely and urgently needed.

Finally, rates of mobility and personal care limitation among API elders indicate the need for information about service programs that mediate disability and sustain independent living for poor and low-income elders.

This study of three States expands information available on Asian Pacific Islander elders in many ways. In particular, it

- Highlights the diversity among API populations (large and small) and describes ways that a context of history and immigration policy can increase understanding of the life situations of API elders;
- Provides a preview of how API populations will change by the year 2000, particularly in the ways that younger elders differ from older elders;
- Elucidates the impact of English ability on sustained independence among API elders, including their ability to get information about needed services, to apply for and use services, and to exercise rights and responsibilities as informed consumers;
- Highlights the ways in which work force participation and receipt of Social Security affect the accessibility and affordability of health care; and
- Provides a rough overview of how disability and chronic care needs differ among API older persons.

Recommendations

The following recommendations are based on study findings and discussion. They outline strategic actions that would comprise a first response to the issues raised in this study.

1. Address language barriers that result in a lack of access to information and unavailability of needed health and supportive services among API older persons.

Systematic efforts are needed to enable service systems, including Medicare, to reach limited and non-English proficient API older persons and their family caregivers. In the States studied, particularly in King County WA, bilingual materials (in written, audio, and video formats) are urgently needed that will reach large numbers of Chinese, Korean, and Filipino elders who do not speak English at all.

There are several issues involved with effectively reaching limited and non-English speaking elders:

(a) ascertaining literacy in any language;
(b) targeting print media in the language read as well as at the educational level generally attained;
(c) considering the extent to which print media should incorporate API language or English idioms and vernacular to assure optimal communication;
(d) assess aural or mixed media formats accessible among targeted groups (i.e. radio or television programs, cassette or video, telephone, etc.);
(e) assess types of in-person opportunities or formats (monolingual or bilingual) that are readily available or can be organized as platforms for outreach; and
(f) match complexity of material and message to be conveyed to the accessible formats identified.

These considerations should not preclude additional factors that are known, such as reluctance among many API ethnic groups to come forward and ask for assistance due to their inability to speak English, status as non-citizens, life experiences with government officials prior to arriving in the US, cultural reliance on family members for decision-making, etc.

If a "match" between material and message appears to be to use mass media, consideration is needed on whether English or language-specific media would reach the most elders. API communities in Washington and perhaps to a lesser extent in Idaho and Alaska, have access to language-specific newspapers, radio programs, and television programs. The programs or newspapers may be locally produced or, more likely, arrive from larger API media markets such as San Francisco, Los Angeles, or New York. As well, it may be common that API elders access media from their country of origin more than from US produced sources. A producer of television programs or an editor of a language-specific paper may have public access time/space available. A media strategy that effectively reaches limited English-speaking API elders, may need to consider collaborative efforts with ethnic media.

2. Assure that information about services and service systems is as available and accessible to API elders as it is to all older persons.

Information that targets API elders who are not US citizens, and who may assume they cannot enroll in health insurance programs like Medicaid and Medicare in outreach materials is perhaps a subset of information materials needed.

For older persons who are employed, information about Medicare health insurance options needs to be provided while they are still employed. It also needs to explain how long individuals need to work in order to qualify for premium-free Medicare Part A.

Qualified Medicare Beneficiary and Medicare basics outreach needs to be conducted in ways that target specific ethnic and language groups, e.g. Koreans in Pierce County.

Efforts among State Health Insurance Information Counseling and Assistance programs should be considered as part of a persistent presence and resource in communities that can also provide substantial assistance to API elders with modest incomes. Such an effort would require the organization and training of a corps of counselors or other service providers who are culturally competent and can provide insurance counseling and information to API elders and community leaders.

Consider outreach opportunities that target adult children of immigrant elders and API community leaders as part of information and education programs on health insurance options for non-citizen elders.

Consider working with API language and ethnic media as part of information efforts about Medicare and Medicaid, and to highlight health insurance counseling programs that can respond to the information and counseling needs of API elders.

3. Assess and develop culturally competent home and community-based services and health/medical services that respond to the diversity of older persons in each community.

First, community-based service systems at the local and State level need encouragement and incentives to assess the capacity of service practitioners to respond to the needs of API elders (particularly Southeast Asians, Koreans, Chinese and others who are substantially limited English proficient).

Second, based on assessment findings, program administrators can create strategic incentives to encourage and support the development of appropriate service delivery approaches to effectively reach and serve API elders who are underserved. Incentives could include making technical assistance from providers who effectively serve the target populations available to service providers and program managers. As well, incentives could include enabling community-based organizations within API communities to develop and sustain service capacity.

Third, program administrators can provide ongoing oversight and monitoring of their system's capacity to serve vulnerable populations, including detailed data collection on service use and outcomes that are ethnic-specific where appropriate.

4. Further studies are needed to better understand dynamic relationships among factors that impact life situations of API elders.

Data used in this study are not the most direct measures of the issues this report addresses. Even if sampling techniques are used to improve the API populations that can be observed in national surveys, several other studies are suggested by these findings.

A study to examine the ways in which work and retirement affect income security and affordability of health care for APIs 55–64 and 65+ would improve information on the situations faced by API older workers and the possible interventions that might forestall poverty throughout their later years.

A study to examine the ways in which health care access among 55–64 year olds affects health care access, service use, and health outcomes among those 65 and older would improve estimates of the cost and health status impacts among those with Medicare and without Medicare. As well, such a study could address issues of improving health care affordability for all older persons who are not entitled to Medicare insurance.

A study to examine the ways in which, other than living with a spouse, living arrangements affect functional and health status and health care access among API older persons would also be recommended. API elders are rarely included in census counts of nursing homes. High levels of functional limitation among many younger API elders which increases for all API elders with age, make living arrangements a critical factor in an elder's ability to sustain independent living. The risks and benefits of "other living arrangements" among API elders need to be better understood in order for service delivery systems to respond to their needs.

Finally, more systematic efforts by Social Security and the Health Care Financing Administration to focus on Asian Pacific Islanders in its data collection and analysis efforts should be encouraged. Census data are the most comprehensive data available. However, they do not specifically collect data on health insurance coverage and health status. To avoid using estimates of insurance coverage and health status, and identify and address the needs of Asian Pacific Islanders, researchers need to use methods of sampling that provide subgroup information on Asian Pacific Islander elders.

References

Allen, J. P., & Turner, E. (1997). *The Ethnic Quilt: Population diversty in southern California.* Northridge CA: Center for Geographical Studies, California State University.

Asian American Community Mental Health Training Center (Ed.). (1983). *Bridging Cultures: Southeast Asian Refugees in America.* Los Angeles, CA: Special Services for Groups, Inc.

Barringer, H., Gardner, R. W., & Levin, M. J. (1993). *Asian and Pacific Islanders in the United States.* New York: Russell Sage Foundation.

Buchholz, M. (1984, April 1984). Special Help for Southeast Asian Refugees. *Food and Nutrition,* 4-6.

Bureau of the Census. (1992). Census of Population and Housing, 1990 [Public Use Microdata Samples [machine-readable data files]]. Washington: Bureau of the Census.

Davis, K. (1993). *The Unfinished Agenda: Improving the well-being of elderly people living alone* (Final Report): The Commonwealth Fund Commission on Elderly People Living Alone, New York.

Families USA Foundation. (1998). *Shortchanged: Billions Withheld from Medicare Beneficiaries* . Washington, D.C.: Families USA.

Immigration Committee. (1997). *Final Report to the Welfare Reform Task Force* (Report). San Francisco, CA: Department of Human Services, San Francisco County.

Lee, S. M. (1998). Asian Americans: Diverse and Growing. *Population Bulletin, 53*(2), 1-40.

National Asian Pacific Center on Aging. (1998). *Report on Progress: Community Based Capacity Building for Asian Pacific Islander Elders* . Seattle, WA: National Asian Pacific Center on Aging.

Newcomer Information Clearinghouse. (1997). *San Francisco Profile of Immigrants and Refugees* . San Francisco: International Institute of the East Bay.

Newcomer Information Clearinghouse. (1997). *SF Profile of Immigrants & Refugees: A Research Tool for Welfare Reform, Job Readiness, and Self-Sufficiency* . Oakland, CA: International Institute of the East Bay.

Nomura, G. M. (1989). Washington's Asian/Pacific American Communities. In S. White & S. E. Solberg (Eds.), *Peoples of Washington: Perspectives on cultural diversity* (pp. 115-155). Seattle: University of Washington Press.

Spolidoro, A., & Demonteverde, S. (1998). *Asian and Pacific Islander Elderly in Los Angeles County: An information and resource handbook* . Los Angeles: Asian and Pacific Older Adults Task Force.

Suskind, R. (1994, 14 February). Clinton Weights Cuts to Finance Welfare Reform: Some Immigrants' Benefits as well as Housing Aid are said to be Targets. *The Wall Street Journal,* pp. A2,!6.

Takaki, R. (1989). *Strangers From a Different Shore: A History of Asian Americans.* Boston, MA: Little, Brown & Company.

Tanjasiri, S. P., Wallace, S. P., & Shibata, K. (1995). Picture Imperfect: Hidden Problems Among Asian Pacific Islander Elderly. *Gerontologist, 35*(6), 753-760.

Tran, T. (1991). Family Living Arrangement and Social Adjustment Among Three Ethnic Groups of Elderly of Indochinese Refugees. *International Journal of Aging and Human Development, 32*(2), 91-102.

Appendix A

Washington

Table A.1 Asian Pacific Islanders 55 and over in Washington (1990)

			Ethnic Group									
			Total population	**API**	**Japanese**	**Chinese**	**Filipino**	**Korean**	**Southeast Asian**	**Pacific Islanders**	**Other Asian**	**Total API**
Statewide	55-64	n	380,725	13,149	4491	2412	2895	1410	1131	318	492	13,149
		%	40%	52%	34%	18%	22%	11%	9%	2%	4%	100%
	65 and over	n	575,573	12,198	3777	2352	3810	1095	609	330	225	12,198
		%	60%	48%	31%	19%	31%	9%	5%	3%	2%	100%
	Total	n	956,298	25,347	8268	4764	6705	2505	1740	648	717	25,347
		%	100%	100%	33%	19%	26%	10%	7%	3%	3%	100%
Snohomish	55-64	n	32,844	732	345	117	153	72	6	39	0	732
		%	43%	54%	47%	16%	21%	10%	1%	5%	0%	100%
	65 and over	n	44,280	627	144	108	129	81	81	42	42	627
		%	57%	46%	23%	17%	21%	13%	13%	7%	7%	100%
	Total	n	77,124	1359	489	225	282	153	87	81	42	1359
		%	100%	100%	36%	17%	21%	11%	6%	6%	3%	100%
King	55-64	n	114,247	6906	2028	1674	1761	411	612	75	345	6906
		%	41%	46%	29%	24%	25%	6%	9%	1%	5%	100%
	65 and over	n	167,328	8088	2382	1977	2721	447	291	132	138	8088
		%	59%	54%	29%	24%	34%	6%	4%	2%	2%	100%
	Total	n	281,575	14,994	4410	3651	4482	858	903	207	483	14,994
		%	100%	100%	29%	24%	30%	6%	6%	1%	3%	100%
Pierce	55-64	n	44,340	2628	1089	96	372	786	225	24	36	2628
		%	42%	67%	41%	4%	14%	30%	9%	1%	1%	100%
	65 and over	n	61,247	1278	384	45	333	345	93	33	45	1278
		%	58%	33%	30%	4%	26%	27%	7%	3%	4%	100%
	Total	n	105,587	3906	1473	141	705	1131	318	57	81	3906
		%	100%	100%	38%	4%	18%	29%	8%	2%	2%	100%
Thurston	55-64	n	12,534	465	102	42	63	96	135	27	0	465
		%	40%	69%	22%	9%	14%	21%	29%	6%	0%	100%
	65 and over	n	18,799	207	27	15	33	81	24	27	0	207
		%	60%	31%	13%	7%	16%	39%	12%	13%	0%	100%
	Total	n	31,333	672	129	57	96	177	159	54	0	672
		%	100%	100%	19%	8%	14%	26%	24%	8%	0%	100%
Kitsap	55-64	n	13,469	759	234	150	294	0	0	81	0	759
		%	40%	73%	31%	20%	39%	0%	0%	11%	0%	100%
	65 and over	n	20,284	276	60	30	153	18	0	15	0	276
		%	60%	27%	22%	11%	55%	7%	0%	5%	0%	100%
	Total	n	33,753	1035	294	180	447	18	0	96	0	1035
		%	100%	100%	28%	17%	43%	2%	0%	9%	0%	100%
Other Counties	55-64	n	163,291	1659	693	333	252	45	153	72	111	1659
		%	38%	49%	42%	20%	15%	3%	9%	4%	7%	100%
	65 and over	n	263,635	1722	780	177	441	123	120	80	0	1722
		%	62%	51%	45%	10%	26%	7%	7%	5%	0%	100%
	Total	n	426,926	3381	1473	510	693	168	273	153	111	3381
		%	100%	100%	44%	15%	20%	5%	8%	5%	3%	100%

Alaska

Table A.2 Asian Pacific Islanders 55 and over in Alaska (1990)

		Ethnic Group									
Age Cohort		**Total population**	**API**	**Chinese**	**Japanese**	**Filipino**	**Korean**	**Southeast Asian**	**Pacific Islanders**	**Other Asian**	**Total API**
55-64	n	29,280	1092	226	259	69	100	173	82	183	1092
	%	57%	64%	21%	24%	6%	9%	16%	8%	17%	100%
65 and over	n	22,159	621	93	144	132	60	65	54	73	621
	%	43%	36%	15%	23%	21%	10%	10%	9%	12%	100%
Total	n	51,439	1713	319	403	201	160	238	136	256	1713
	%	100%	100%	19%	24%	12%	9%	14%	8%	15%	100%

Idaho

Table A.3 Asian Pacific Islanders 55 and over in Idaho (1990)

		Ethnic Group									
Age Cohort		**Total population**	**API**	**Chinese**	**Japanese**	**Filipino**	**Korean**	**Southeast Asian**	**Pacific Islanders**	**Other Asian**	**Total API**
55-64	n	77,819	524	136	320	40	0	0	20	8	524
	%	39%	48%	26%	61%	8%	0%	0%	4%	2%	100%
65 and over	n	121,138	560	16	464	32	0	0	28	20	560
	%	61%	52%	3%	83%	6%	0%	0%	5%	4%	100%
Total	n	198,957	1084	152	784	72	0	0	48	28	1084
	%	100%	100%	14%	72%	7%	0%	0%	4%	3%	100%

Appendix B

Alaska Tables

Table B.1 Older Asian Pacific Islanders by Gender and Marital Status

Alaska	Gender				Marital Status					
	male		female		married		unmarried		total	
	n	%	n	%	n	%	n	%	n	%
Asian Pacific Islander	709	41%	1004	59%	1233	72%	480	28%	1713	100%
Chinese	229	72%	90	28%	243	76%	76	24%	319	100%
Japanese	0	0%	403	100%	249	62%	154	38%	403	100%
Filipino	83	41%	118	59%	165	82%	36	18%	201	100%
Korean	48	30%	112	70%	132	83%	28	18%	160	100%
SE Asian	135	57%	103	43%	122	51%	116	49%	238	100%
Pacific Islander	54	40%	82	60%	101	74%	35	26%	136	100%
Other Asian	160	63%	96	38%	221	86%	35	14%	256	100%
Total	709		1004		1233		480		1713	

Table B.2 Older Asian Pacific Islanders by Citizenship

Alaska	Citizenship							
	born in US/Territory		naturalized		not US Citizen		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	343	20%	634	37%	736	43%	1713	100%
Chinese	41	13%	57	18%	221	69%	319	100%
Japanese	23	6%	272	67%	108	27%	403	100%
Filipino	86	43%	102	51%	13	6%	201	100%
Korean	0	0%	58	36%	102	64%	160	100%
SE Asian	0	0%	72	30%	166	70%	238	100%
Pacific Islander	136	100%	0	0%	0	0%	136	100%
Other Asian	57	22%	73	29%	126	49%	256	100%
Total	343		634		736		1713	

Table B.3 Older Asian Pacific Islanders by English Ability

Alaska	English Ability					
	Speaks well		Not well, not at all		Total	
	n	%	n	%	n	%
Asian Pacific Islander	791	62%	489	38%	1280	100%
Chinese	96	35%	179	65%	275	100%
Japanese	214	92%	19	8%	233	100%
Filipino	138	91%	13	9%	151	100%
Korean	87	57%	66	43%	153	100%
SE Asian	52	22%	186	78%	238	100%
Pacific Islander	25	100%	0	0%	25	100%
Other Asian	179	87%	26	13%	205	100%
Total	791		489		1280	

Table B.4 Older Asian Pacific Islanders by Poverty Status

Alaska	Percent Of Poverty Level							
	up to 100%		101%-199%		200% or more		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	355	21%	397	23%	945	56%	1697	100%
Chinese	74	23%	92	29%	153	48%	319	100%
Japanese	0	0%	106	27%	281	73%	387	100%
Filipino	54	27%	32	16%	115	57%	201	100%
Korean	38	24%	0	0%	122	76%	160	100%
SE Asian	103	43%	106	45%	29	12%	238	100%
Pacific Islander	35	26%	54	40%	47	35%	136	100%
Other Asian	51	20%	7	3%	198	77%	256	100%
Total	355		397		945		1697	

Table B.5 Older Asian Pacific Islanders by Labor Force Participation

Alaska	Labor Force Participation							
	employed		unemployed		not in labor force		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	614	36%	61	4%	1038	61%	1713	100%
Chinese	210	66%	0	0%	109	34%	319	100%
Japanese	48	12%	29	7%	326	81%	403	100%
Filipino	86	43%	0	0%	115	57%	201	100%
Korean	0	0%	0	0%	160	100%	160	100%
SE Asian	124	52%	23	10%	91	38%	238	100%
Pacific Islander	25	18%	0	0%	111	82%	136	100%
Other Asian	121	47%	9	4%	126	49%	256	100%
Total	614		61		1038		1713	

Table B.6 Older Asian Pacific Islanders by Living Arrangement						
Alaska	Living Arrangement					
	alone		w/spouse-other family		Total	
	n	%	n	%	n	%
Asian Pacific Islander	281	16%	1432	84%	1713	100%
Chinese	44	14%	275	86%	319	100%
Japanese	119	30%	284	70%	403	100%
Filipino	26	13%	175	87%	201	100%
Korean	0	0%	160	100%	160	100%
SE Asian	48	20%	190	80%	238	100%
Pacific Islander	35	26%	101	74%	136	100%
Other Asian	9	4%	247	96%	256	100%
	281		1432		1713	

Table B.7 Older Asian Pacific Islanders by Program Eligibility						
Alaska	Program Eligibility					
	SSA		no SSA		Total	
	n	%	n	%	n	%
Asian Pacific Islander	277	45%	344	55%	621	100%
Chinese	0	0%	93	100%	93	100%
Japanese	116	81%	28	19%	144	100%
Filipino	84	64%	48	36%	132	100%
Korean	0	0%	60	100%	60	100%
SE Asian	0	0%	65	100%	65	100%
Pacific Islander	29	54%	25	46%	54	100%
Other Asian	48	66%	25	34%	73	100%
Total	277		344		621	

Appendix C

Idaho Tables

Table C.1 Older Asian Pacific Islanders by Gender and Marital Status

Idaho	Gender				Marital Status					
	male		Female		married		unmarried		Total	
	n	%	n	%	n	%	n	%	n	%
Asian Pacific Islander	412	38%	672	62%	832	77%	252	23%	1084	100%
Chinese	76	50%	76	50%	152	100%	0	0%	152	100%
Japanese	276	35%	508	65%	588	75%	196	25%	784	100%
Filipino	32	44%	40	56%	36	50%	36	50%	72	100%
Korean	0	0%	0	0%	0	0%	0	0%	0	100%
SE Asian	0	0%	0	0%	0	0%	0	0%	0	100%
Pacific Islander	20	42%	28	58%	48	100%	0	0%	48	100%
Other Asian	8	29%	20	71%	8	29%	20	71%	28	100%
Total	412		672		832		252		1084	

Table C.2 Older Asian Pacific Islanders by Citizenship

Idaho	Citizenship							
	born in US/Territory		naturalized		not US Citizen		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	716	66%	268	25%	100	9%	1084	100%
Chinese	20	13%	68	45%	64	42%	152	100%
Japanese	604	77%	144	18%	36	5%	784	100%
Filipino	24	33%	48	67%	0	0%	72	100%
Korean	0	0%	0	0%	0	0%	0	100%
SE Asian	0	0%	0	0%	0	0%	0	100%
Pacific Islander	48	100%	0	0%	0	0%	48	100%
Other Asian	20	71%	8	29%	0	0%	28	100%
Total	716		268		100		1084	

Table C.3 Older Asian Pacific Islanders by English Ability

Idaho	English Ability					
	Speaks Well		Not Well, Not At All		Total	
	n	%	n	%	n	%
Asian Pacific Islander	432	72%	172	28%	604	100%
Chinese	32	24%	100	76%	132	100%
Japanese	336	86%	56	14%	392	100%
Filipino	56	78%	16	22%	72	100%
Korean	0	0%	0	0%	0	0%
SE Asian	0	0%	0	0%	0	0%
Pacific Islander	0	0%	0	0%	0	0%
Other Asian	8	100%	0	0%	8	100%
Total	432		172		604	

Table C.4 Older Asian Pacific Islanders by Poverty Status

Idaho	Percent Of Poverty Level							
	up to 100%		101%-199%		200% or more		Total	
	n	%	n	%	N	%	n	%
Asian Pacific Islander	80	8%	308	30%	628	62%	1016	100%
Chinese	0	0%	116	76%	36	24%	152	100%
Japanese	56	8%	172	23%	516	69%	744	100%
Filipino	24	33%	0	0%	48	67%	72	100%
Korean	0	0%	0	0%	0	0%	0	100%
SE Asian	0	0%	0	0%	0	0%	0	100%
Pacific Islander	0	0%	20	100%	0	0%	20	100%
Other Asian	0	0%	0	0%	28	100%	28	100%
Total	80		308		628		1016	

Table C.5 Older Asian Pacific Islanders by Labor Force Participation

Idaho	Labor Force Participation							
	employed		unemployed		not in labor force		Total	
	n	%	n	%	N	%	n	%
Asian Pacific Islander	380	35%	0	0%	704	65%	1084	100%
Chinese	104	68%	0	0%	48	32%	152	100%
Japanese	212	27%	0	0%	572	73%	784	100%
Filipino	16	22%	0	0%	56	78%	72	100%
Korean	0	0%	0	0%	0	0%	0	0%
SE Asian	0	0%	0	0%	0	0%	0	0%
Pacific Islander	20	42%	0	0%	28	58%	48	100%
Other Asian	28	100%	0	0%	0	0%	28	100%
Total	380		0		704		1084	

Table C.6 Older Asian Pacific Islanders by Living Arrangement

Idaho	Living Arrangement					
	alone		w/spouse-other family		Total	
	n	%	n	%	n	%
Asian Pacific Islander	224	21%	860	79%	1084	100%
Chinese	0	0%	152	100%	152	100%
Japanese	184	23%	600	77%	784	100%
Filipino	20	28%	52	72%	72	100%
Korean	0	0%	0	0%	0	0%
SE Asian	0	0%	0	0%	0	0%
Pacific Islander	0	0%	48	100%	48	100%
Other Asian	20	71%	8	29%	28	100%
Total	224		860		1084	

Table C.7 Older Asian Pacific Islanders by Program Eligibility

Idaho	Program Eligibility					
	SSA		no SSA		Total	
	n	%	n	%	n	%
Asian Pacific Islander	392	70%	168	30%	560	100%
Chinese	16	100%	0	0%	16	100%
Japanese	296	64%	168	36%	464	100%
Filipino	32	100%	0	0%	32	100%
Korean	0	0%	0	0%	0	0%
SE Asian	0	0%	0	0%	0	0%
Pacific Islander	28	100%	0	0%	28	100%
Other Asian	20	100%	0	0%	20	100%
Total	392		168		560	

Appendix D

Washington Tables

Table D.1 Older Asian Pacific Islanders by Gender and Marital Status

Washington	Gender				Marital Status					
	male		female		married		unmarried		Total	
	n	%	n	%	n	%	n	%	n	%
Asian Pacific Islander	10554	42%	14793	58%	17337	68%	8010	32%	25347	100%
Chinese	2427	51%	2337	49%	3450	72%	1314	28%	4764	100%
Japanese	2586	31%	5682	69%	5625	68%	2643	32%	8268	100%
Filipino	3090	46%	3615	54%	4647	69%	2058	31%	6705	100%
Korean	828	33%	1677	67%	1599	64%	906	36%	2505	100%
SE Asian	975	56%	765	44%	1068	61%	672	39%	1740	100%
Pacific Islander	318	49%	330	51%	405	63%	243	38%	648	100%
Other Asian	330	46%	387	54%	543	76%	174	24%	717	100%
Total	10554		14793		17337		8010		25347	

Table D.2 Older Asian Pacific Islanders by Citizenship

Washington	Citizenship							
	born in US/Territory		naturalized		not US Citizen		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	6597	26%	9306	37%	9444	37%	25347	100%
Chinese	759	16%	1764	37%	2241	47%	4764	100%
Japanese	4827	58%	2571	31%	870	11%	8268	100%
Filipino	339	5%	3777	56%	2589	39%	6705	100%
Korean	57	2%	507	20%	1941	77%	2505	100%
SE Asian	33	2%	456	26%	1251	72%	1740	100%
Pacific Islander	528	81%	30	5%	90	14%	648	100%
Other Asian	54	8%	201	28%	462	64%	717	100%
Total	6597		9306		9444		25347	

Table D.3 Older Asian Pacific Islanders by English Ability

Washington	English Ability					
	Speaks well		Not well, not at all		Total	
	n	%	n	%	n	%
Asian Pacific Islander	12321	61%	7758	39%	20079	100%
Chinese	1752	42%	2394	58%	4146	100%
Japanese	4011	83%	804	17%	4815	100%
Filipino	4665	77%	1395	23%	6060	100%
Korean	762	31%	1677	69%	2439	100%
SE Asian	474	27%	1266	73%	1740	100%
Pacific Islander	288	91%	30	9%	318	100%
Other Asian	369	66%	192	34%	561	100%
Total	12321		7758		20079	

Table D.4 Older Asian Pacific Islanders by Poverty Status

Washington	Percent Of Poverty Level							
	up to 100%		101%-199%		200% or more		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	2697	11%	4434	18%	17937	72%	25068	100%
Chinese	615	13%	960	21%	3087	66%	4662	100%
Japanese	243	3%	783	10%	7110	87%	8136	100%
Filipino	504	8%	1248	19%	4908	74%	6660	100%
Korean	522	21%	696	28%	1287	51%	2505	100%
SE Asian	651	37%	381	22%	708	41%	1740	100%
Pacific Islander	78	12%	177	27%	393	61%	648	100%
Other Asian	84	12%	189	26%	444	62%	717	100%
Total	2697		4434		17937		25068	

Table D.5 Older Asian Pacific Islanders by Labor Force Participation

Washington	Labor Force Participation							
	employed		unemployed		not in labor force		Total	
	n	%	n	%	n	%	n	%
Asian Pacific Islander	8355	33%	675	3%	16317	64%	25347	100%
Chinese	1683	35%	138	3%	2943	62%	4764	100%
Japanese	2964	36%	54	1%	5250	63%	8268	100%
Filipino	2103	31%	213	3%	4389	65%	6705	100%
Korean	756	30%	189	8%	1560	62%	2505	100%
SE Asian	384	22%	27	2%	1329	76%	1740	100%
Pacific Islander	147	23%	27	4%	474	73%	648	100%
Other Asian	318	44%	27	4%	372	52%	717	100%
Total	8355		675		16317		25347	

Table D.6 Older Asian Pacific Islanders by Living Arrangement

Washington	Living Arrangement					
	alone		w/spouse-other family		Total	
	n	%	n	%	n	%
Asian Pacific Islander	4929	19%	20418	81%	25347	100%
Chinese	705	15%	4059	85%	4764	100%
Japanese	2205	27%	6063	73%	8268	100%
Filipino	1023	15%	5682	85%	6705	100%
Korean	363	14%	2142	86%	2505	100%
SE Asian	390	22%	1350	78%	1740	100%
Pacific Islander	153	24%	495	76%	648	100%
Other Asian	90	13%	627	87%	717	100%
Total	4929		20418		25347	

Table D.7 Older Asian Pacific Islanders (65+) by Program Eligibility

Washington	Program Eligibility					
	SSA		no SSA		Total	
	n	%	n	%	n	%
Asian Pacific Islander	7233	59%	4965	41%	12198	100%
Chinese	1101	47%	1251	53%	2352	100%
Japanese	2988	79%	789	21%	3777	100%
Filipino	2166	57%	1644	43%	3810	100%
Korean	504	46%	591	54%	1095	100%
SE Asian	210	34%	399	66%	609	100%
Pacific Islander	186	56%	144	44%	330	100%
Other Asian	78	35%	147	65%	225	100%
Total	7233		4965		12198	

Table D.8 Older Asian Pacific Islander ethnic groups in Washington Counties (55+)

Washington	Snohomish		King		Pierce		Thurston		Kitsap		Other Counties		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Asian Pacific Isander	1359	5%	14994	59%	3906	15%	672	3%	1035	4%	3381	13%	25347	100%
Chinese	225	5%	3651	77%	141	3%	57	1%	180	4%	510	11%	4764	100%
Japanese	489	6%	4410	53%	1473	18%	129	2%	294	4%	1473	18%	8268	100%
Filipino	282	4%	4482	67%	705	11%	96	1%	447	7%	693	10%	6705	100%
Korean	153	6%	858	34%	1131	45%	177	7%	18	1%	168	7%	2505	100%
SE Asian	87	5%	903	52%	318	18%	159	9%	0	0%	273	16%	1740	100%
Pacific Islander	81	13%	207	32%	57	9%	54	8%	96	15%	153	24%	648	100%
Other Asian	42	6%	483	67%	81	11%	0	0%	0	0%	111	15%	717	100%
Total	1359		14994		3906		672		1035		3381		25347	

The National Asian Pacific Center on Aging

Asian and Pacific Islander Elders: a report on formal and informal support systems

Prepared by

Donna L. Yee, PhD.
Director for Policy and Research

Alice Shin
Project Coordinator

National Asian Pacific Center on Aging

Table of Contents

Overview 1

Background 1

Purpose of the report 2

Formal Support System 3

Aging Services Network 3

Statewide Health Insurance Programs 4

Immigration & Naturalization/Legal Services 5

Social Security Administration & Medicaid 6

Department of Veteran's Affairs 6

Implications for API Older Persons 7

Informal Support System 8

Chinese 8

Filipino 10

Japanese 11

Korean 13

Vietnamese, Cambodian, Laotian 14

Asian Indian, Pakistani 16

Guamanian, Hawaiian, Samoan 17

Discussion 18

Conclusions and Recommendations 20

References 23

Overview

Background

More than three decades of social policies and programs in the U.S. have established and sustained a safety net to assure an acceptable quality of life for all persons in the U.S. Among these, several efforts in the 1960s targeted older adults. Experiences such as the Great Depression demonstrated in alarming detail the need for government to take leadership and develop policies that buffered the deleterious effects of economic and social downturns on older adults, despite individual efforts to save and be self-sufficient.

Programs like Social Security, Supplemental Security Income, Medicare, Medicaid, the Older Americans Act, and Public Housing are among the many examples of policies developed to sustain and often define standards for life quality for older persons in the U.S. As a result, the literature overwhelmingly points to the successes of these policies in reducing poverty among older persons, in improving health status and health outcomes, and in supporting the longevity Americans now enjoy (Gornick, Greenberg et al. 1985). The literature also points with some consistency at the ways in which certain populations have not equally enjoyed the advances and benefits of policies to assure a standard quality of life (Yee 1992; Yee and Capitman 1996).

In 1998, the President launched several initiatives to raise awareness and visibility as to the disproportionate benefits that diverse populations have received. Further, those initiatives renewed efforts to better understand and develop action steps to address disparities in health care access, health status, and health outcomes (The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry 1998).

This document provides background information to support efforts to make information about Medicare, Medicaid and related programs available to Asian and Pacific Islander (API) older persons. Identified as one of several vulnerable populations targeted by the President's initiative to reduce health and related disparities, APIs present particular challenges to public program administrators charged with responsibilities to inform all program beneficiaries of their rights and responsibilities.

API older persons reside mostly around and often cluster in settled urban neighborhoods. In the last two decades, they have increasingly located in less densely populated suburban areas. Numbering 500,000 in 1990, though, they represent a "rare" population among the 35+ million other older persons that are served by programs such as Medicare and Older Americans Act.

Finding and reaching API older persons is often made more difficult by the API label. For persons from Asia and the Pacific Islands, the API label is a false aggregation of over 20 language and ethnic populations that have differing cultural, educational, economic, and life experiences in the U.S. As well, about 70 percent of API older persons on average are born in Asia or the Pacific Islands. They arrived in the U.S. as children or college students (receiving much of their education in the U.S.), as productive adults (raising families, obtaining employment and contributing social security and other taxes), older adults (reunited with adult children and grandchildren), and as refugees (escaping war and persecution). The life experiences of API elders add to the diversity of these communities, and they need to be viewed within a context that includes efforts to obtain U.S. citizenship, rebuild a sense of community, and invest in a future for their children and themselves (Tanjasiri, Wallace et al. 1995).

This report is part of a series of studies to bridge the distance between the need for health care access, affordable health care, and improved health outcomes among API older persons and the government programs that have a mission to reach their beneficiaries/clients, including API populations. There is much in the literature describing barriers to service access experienced by APIs. In contrast, there is little that provides a functional framework from which strategic actions can be taken to conduct effective culturally competent information and education campaigns and service delivery approaches that would result in improved health status and outcomes for API older persons. It is generally known that such efforts need to address language, cultural, economic, and sometimes racial/ethnic barriers that exist for API consumers and service providers, however, there is little to guide planning that would lead to appropriate actions.

Purpose of the report

This report is a part of a series of first steps to build that bridge between service programs and API community needs by providing:

- A framework for understanding the formal and informal support systems (i.e. infrastructure) of service systems and API communities;
- A consumer-oriented description of the formal support system in most US communities; and
- A provider-oriented general description of API community support systems.

Where possible, this report provides examples and highlights particular system features in the states of Washington, Idaho and Alaska.

This report will examine the formal support system: mainly existing government programs that are available to older adults in the U.S. such as those provided under the Older Americans Act, particularly programs administered by the State Units on Aging and Area Agencies on Aging. Following that is a description of the state health insurance counseling assistance programs, Immigration and Naturalization Service and legal services, Social Security Administration, Medicaid offices, and Veterans Administration. Included is a discussion of how older adults access these services and the impact of the formal support system on API older adults.

Further, the report will describe existing informal support systems for specific ethnic groups, ranging from family, media, to ethnic organizations followed by a discussion of the differences and similarities of API groups and recognition of "service rich" versus "service poor" geographic communities with reference to the density of API populations. This report will also assess what has been done to bridge the gap of formal and informal services. Finally, conclusions with recommendations for education or information outreach to API elders that will increase access to affordable health care will be discussed.

Formal Support System

This section describes five service networks as a framework for how elders and family caregivers might understand access routes to information about and eligibility determinations for social and health services. Highlighted are (a) aging services network, (b) Statewide Health Insurance Programs, (c) Immigration & Naturalization Services/Legal Services, (d) Social Security Administration & Medicaid, and (e) Department of Veteran's Affairs.

Aging Services Network

In 1965, Congress adopted the Older Americans Act in recognition of the contribution made by older persons to the nation. The Older Americans Act established the Administration on Aging (AoA) to administer various programs to meet the needs of the older adults, especially those "with the most social and economic need" in their communities. AoA works to increase the awareness of needs of older persons among government agencies, community-based organizations, and private enterprises with the ultimate goal of enhancing the quality of life and independence of older persons.

AoA funds are distributed to State Units on Aging (SUA) to develop programs that target the unique needs of older persons in each jurisdiction. Each SUA allocates Older Americans Act and funds to a network of Area Agencies on Aging (AAA) to plan, develop, and coordinate community-level service systems. Each AAA provides comprehensive and coordinated services directly and/or through contracts with public or private organizations. In some States, such as Alaska, the SUA is a single state agency that directly manages an aging services network throughout the State.

Programs managed by the "aging services network" in most States include: Information and Assistance, Outreach, Case Management, Transportation, Counseling, Legal Assistance, Employment, Home Delivered and Congregate Meals, Home Repair and Home Modification, In-home Chore and Personal Care, Respite, Adult Day Care, Health Promotion and Wellness, Elder Abuse Prevention, Education, and Long Term Care Ombudsman. As with many federally initiated programs, services are defined by a combination of federal and local standards, eligibility criteria, and funding levels.

Each State has an established Information and Assistance (I&A) program by county or service area that functions as a service directory to answer queries about concerns of older persons and their family members. Most I&A programs are directed by private, non-profit contracted agencies but in some cases, this service is provided directly by the AAA or the SUA. The I&A program is frequently the initial point of contact when information is needed, when there is uncertainty about who can help, and when there is concern about unmet needs.

I&A programs assess problems presented in person or over the telephone and provide current information and referrals to available services and programs in their respective communities. In situations where the individual is not able to access referral services independently, I&A programs advocate and follow up on behalf of the individual to ensure service delivery. While I&A programs are knowledgeable about local aging network services, they also provide information about Social Security, Medicare, health insurance, health, medical or home care providers, public transportation, discount programs for older persons, housing, and a plethora of other areas.

In the State of Alaska, the Alaska Department of Administration, Division of Senior Services administers senior programs. In the States of Idaho and Washington, senior programs are administered through Area Agencies on Aging, divided into six regions and 13 regions, respectively throughout the state.

Another avenue for accessing information regarding various services is through local senior centers and other aging service settings. Senior Centers and congregate nutrition programs, for example, are not only a place for recreational activities but also offer a broad spectrum of services comprised of health promotion, nutrition, social and education. For many older persons, information is need-driven. Knowing where to go with questions, and having confidence that someone is responsive and will be persistent until the issue is resolved is the key to reliable and dependable I&A for most older persons.

Statewide Health Insurance Programs

Statewide Health Insurance Programs, also known as Health Insurance Counseling Assistance Programs or ICAs in some locations, have evolved in the last 30 years to become one of the most reliable objective resources for individual information and assistance regarding health insurance problems. Funded through the aging network (SUA), the state insurance commissioner or state health departments, the small staff of these programs recruit and train volunteers. Trained volunteers assist Medicare beneficiaries understand their benefits, understand how Medicare-linked insurance and health plan choices might make health care more affordable, and assist with problems related to accessing insurance benefits. Services are free to consumers. A foremost goal of SHIPs is to enable Medicare beneficiaries to make informed choices.

In the state of Alaska, the State Division of Senior Services, Department of Administration administers the Medicare Insurance Counseling. First consumers call the Department of Administration to obtain the number for the HCFA Insurance Line. Second, the consumer can call the number to schedule a counseling appointment with a trained volunteer.

In the state of Idaho, the Idaho Department of Insurance administers the Senior Health Insurance Benefits Advisors Program (SHIBA). First, consumers can access this service by calling a toll free number to obtain another number to one of four SHIBA units located in cities in their area. Second, the consumer contacts the specified unit to schedule a counseling appointment with a trained volunteer.

In the state of Washington, the Washington State Insurance Commissioner's Office administers the Statewide Health Insurance Benefits Advisors (SHIBA). Consumers first access this service by calling a toll free number to locate the SHIBA unit in their county of residence. Second, the consumer calls the SHIBA unit to schedule a counseling appointment with a trained volunteer.

All Medicare beneficiaries can contact their Medicare carrier for information regarding their benefits. If a beneficiary belongs to a Medicare certified Health Maintenance Organization (HMO), they can contact the HMO's customer service unit for specific coverage and benefit information.

The implementation of Medicare + Choice has not notably changed the HMO options available in the state of Washington or the state of Idaho. There are numerous Medicare Certified HMO Plans available in specific geographical locations throughout the state of Washington. In the state of Idaho, currently there are two Medicare certified

HMO plans available. In the state of Alaska, original Medicare and Medigap policies are the only options since there are no Medicare HMO plans currently available.

The availability of information in various ethnic languages or efforts made to do outreach to the API community is unknown. For API elders, lack of culturally competent information regarding Medicare, Medigap, or other health insurance options may result in confusion, misinformation, and increase inappropriate use of medical care (e.g. using emergency room care when less costly urgent or outpatient care cold have been substituted). It also results in paying more for medical care when viable options may exists, and heavier burdens on family members to assist with their care.

Additionally, HCFA recently established the Medicare Choices Helpline, a national toll free number for Medicare beneficiaries to obtain information and various printed materials on the Medicare Health Plan options, and 1999 Medicare and You handbook in print, audio cassette or Braille versions. This service is currently only available in English and Spanish languages. This information also can be obtained from their website at www.hcfa.gov or www.medicare.gov.

Immigration & Naturalization/Legal Services

Welfare reform legislation in 1996 disqualified many immigrants from some state or federal benefits. According to the Northwest Justice Project, eligibility of immigrants for public assistance is determined by whether the person's status is "qualified" or "not qualified" and whether the person's physical date of entry into the U.S. was on or before August 22, 1996. "Qualified" immigrants are legal permanent residents (green card holders), refugees, Amerasians, asylees, persons granted withholding of deportation or conditional entry, persons paroled into the U.S. for at least one year, battered spouses or children approved or with application pending under the Violence Against Womens Act (VAWA), Cuban and Haitian entrants. "Not qualified" immigrants are all other immigrants, including those with undocumented status, asylum applicants status, and Family Unity (many formerly referred to as PRUCOL - Permanently Residing Under Color of Law) status. "Exempt" immigrants are refugees, political asylees, Cuban Haitian entrants, Amerasians, persons granted withholding of deportation, aliens on active duty or U.S. veterans and their spouses, and legal immigrants with 40 qualifying work quarters. Those who entered the U.S. after August 22, 1996 are barred from federal programs for the first five years and household income is considered in determining eligibility for financial or medical assistance.

The new criteria for benefit eligibility have raised questions regarding the residency status of legal immigrants. Consequently, wrongful termination of benefits for some immigrants who may still be eligible can occur and it becomes necessary for those persons to re-establish their residency status. The Immigration and Naturalization Service (INS) is part of the support system of the non-citizen API community in this respect.

Generally, the INS is unable to answer questions over the phone. Immigrants need to walk-in to receive assistance. This requires waiting in long lines, usually to obtain a number, then another long wait to speak with INS staff. For monolingual or limited English proficient elders, this experience can be intimidating, requiring a family member of someone else to act as both interpreter and advocate.

For some, legal representation might be required to assist with clarifying or determining immigrant status. Legal assistance is available through agencies such as the

Northwest Justice Project or Northwest Immigrant Rights Project as well as through private practice lawyers. As a result, culturally competent legal services are a critical part in the constellation of API elder efforts to seek and obtain publicly funded services.

Social Security Administration & Medicaid

The Social Security Administration (SSA) administers Social Security and Supplemental Security Income (SSI) benefits for eligible persons. It also is the initial point of contact when applying for Medicare benefits. Social Security offices are located throughout states and U.S. jurisdictions based on zip code. Beneficiaries can seek assistance at their local Social Security Office or call the national toll free number regarding their retirement, disability, and SSI benefits.

Each state has an established Department of Social and Health Services, otherwise known as the "Welfare Office" that administers food stamps, the State Medical Assistance program (or Medicaid), and financial assistance programs (e.g. General Assistance, TANF). As well, local public health units provide services such as communicable disease treatment, public health surveillance, health promotion/wellness, and immunizations.

In the state of Alaska, one half of the population resides in Anchorage. The State Health and Social Services Department-Division of Public Assistance has district offices located throughout the state, but due to the sparsely populated area, the Division contracts with over 200 individuals who are called "fee agents". "Fee agents" often have initial contact with applicants and assist with the process of submitting an application to the Division of Public Assistance. The Division of Adult Public Assistance and Specialized Medicaid has several offices located throughout the state to specifically serve the disabled, blind, and aged population. Some are located in a separate office but many are located within the Division of Public Assistance offices. Locations of offices are based on geographic and population factors.

For the state of Idaho, the Department of Health and Welfare administers food stamps, Medicaid, and financial assistance programs. Offices are located throughout the state by county.

In the state of Washington, the Department of Social and Health Services administers these benefits statewide. There are zip code-based Community Service Offices (CSO) located throughout the state.

Department of Veteran's Affairs

For citizens and immigrants who served in the U.S. military, veteran's benefits are available, some in the form of monetary pensions and/or access to medical services through the Veterans Hospital or clinics. Veteran's Affairs (VA) is a comprehensive social and health service network for U.S. veterans and their families. The VA's array of benefits and services include disability pension, medical services, hospital and long term care, housing, social work, education and training, loan programs, funeral and burial program, vocational rehabilitation, counseling, information and assistance, and insurance.

Veterans and their families can access these services by going to regional offices located in major cities in the U.S. such as Anchorage, Alaska; Boise, Idaho; and Seattle, Washington. There are medical centers and clinics located throughout the U.S. For example, in Washington, centers are located in Yakima, Seattle, Tacoma, Spokane, and

Walla Walla. In Idaho, centers are in Pocatello and Boise. In Alaska, they are located in Anchorage, Fairbanks, Kenai, Wasila, and Fort Wainwright.

Implications for API Older Persons

For the mainstream population, these services are readily accessible by telephone, participation in a senior center, or just walking into an office. However, for a limited English proficient elder, even these available services can pose yet additional barriers to accessing needed services, benefits or information. As well, financial barriers, fear of prejudicial treatment, and lack of knowledge about services has traditionally lead to the under-use of formal services by minority elders (Sakauye 1989).

A challenge in doing outreach to the API community may be to overcome and understand the cultural differences among the groups. API elders may not be as visible as the mainstream population because it's not uncommon for an API elder to conceal health problems until they become an emergency (Le 1997). For example, health problems may only surface and be recognized in the emergency room of the hospital, after the elder's health deteriorates. Language barriers on top of cultural differences can lead to isolation of API elders from available services in the community.

In states such as Alaska, Idaho, and some rural areas of Washington where there is a small Asian Pacific Islander (API) population, there is no, or limited capacity to provide multi-lingual assistance to limited English proficient persons. In King or Pierce Counties with larger API populations, there are established culturally competent ethnic services and provider organizations available.

The King County AAA-Aging and Disability Services (ADS), has five targeting standards for assuring service to vulnerable elders, disabled adults, and those with the greatest social and economic needs. The standards are that at least 25 percent of all clients are of racial or ethnic minorities, 70 percent are low income, 50 percent are 75 years or older, 9 percent are limited English speaking, and 30 percent are persons with disabilities.

To meet these standards, ADS contracts with agencies which are sponsored by or have a track record of reaching API populations. Examples of such agencies are Asian Counseling and Referral Service, Chinese Information and Service Center, Kin On Community Health Care, Center for Multicultural Health, Northwest Immigrant Rights Project, Pacific Asian Elderly Program, Seattle Chinatown International District PDA, Nikkei Concerns, and International District Drop-In Center. All ADS contracts are closely monitored to assure service access to populations targeted and service quality. A particular focus has been assuring services provided to vulnerable populations such as API elders are equivalent to those available to other elders, including information and assistance, case management, respite, nutrition, adult day health, home-care, transportation, senior employment, activities, and legal services programs. While these services are adequately available within Seattle, the largest city in King County, they are not as available in the outer areas of the county. Over the last few years, increasing discussions about outlying areas have identified particular needs for the development of culturally competent services for specific ethnic API groups.

Informal Support System

Contrary to the view that APIs are a homogeneous "model" minority with relatively few health and social issues, this population including immigrants and refugees, is extremely heterogeneous and bimodal in socioeconomic status and health indices (Lin-Fu 1988). The diversity among APIs raises many unique issues and barriers for this older population and is reflected in similarities and differences in the informal support systems within respective ethnic groups. The following sections broadly profile the support systems within the larger API ethnic communities in Washington, Alaska, and Idaho.

Chinese

The Chinese language includes approximately a hundred difference dialects. Of these, Mandarin, the national language, and Cantonese are the most commonly spoken or understood dialects. Currently in the U.S., Chinese immigrants consist of those who came from Mainland China, Hong Kong, and Taiwan.

Although the Chinese culture is greatly influenced by Confucianism that emphasizes "filial piety" or "hsiao", Chinese families in the U.S. seem to have shifted from that ideal. Filial piety can be described as having loyalty, respect, and devotion to parents, especially in their older years (Wu 1975). In Wu's (1975) study of Mandarin speaking aged Chinese in the Los Angeles area, Chinese elders preferred to live independently rather than living with their children. Wu states that a contributing factor could be due to the loss of social status and role reversal when living with children in the U.S. As well, problems of intergenerational conflict and difference in lifestyle as younger generations become more acculturated into western society, is a factor (Chan 1983).

In 1981, Weeks & Cuellar studied the role of family members in the helping network of older people of San Diego. Among the API groups, Chinese elders rated lowest at only 30 percent out of 55. This could be due to the fact that the migration of Chinese elders is less likely to be related to family reunification and, therefore, they have limited family ties. For those who have families, the second and third generation often leaves central cities for the suburbs, while elders choose to remain in inner cities, particularly those that have "Chinatowns" where social-cultural needs can be easily met (Cheung, Cho et al. 1980).

Historically, extended family members, family associations, and churches have helped Chinese Americans deal with various problems and provided social services. As a result, various clans and business organizations formed to assist the Chinese community, now most commonly known as family Tongs and Benevolent Associations. The *Chinese Yellow Pages* for Washington list Tongs such as Bing Kung Tong, Hip Sing Tong, and Hop Sing Tong. It also lists Associations such as Chen Lun Association, Chong Wa Benevolent Association, Eng Family Association, Gee How Oak Tin Association, Locke Family Association, Soo Yuen Benevolent Association, Suey Sing Association, Taiwanese Benevolent Association, Tsung Tsin Association of WA, and Wong Family Association as examples.

Cheung and colleagues (1980) found that 55 percent of 60 Chinese elderly received information about health care resources through their relatives, friends, and neighbors while 27 percent did from children. The study also found that 53 percent preferred medical doctors for major illness and among those, 85 percent preferred Chinese doctors and 70 percent preferred Chinese-speaking bilingual staff in the medical facility. However, 47 percent preferred Chinese herbalists for minor illness. In the *Chinese Yellow Pages,* there are approximately 50 Chinese physicians and 39 dentists listed mainly in the City of Seattle and a few in surrounding cities within King and Snohomish counties of Washington. In comparison, there are approximately 20 herbalists and 28 acupuncture or acupressure clinics listed.

Additionally, there are established social service agencies, particularly in Seattle, Washington, that serve the Chinese community such as the Chinese Information and Service Center, that offers a spectrum of services ranging from information and assistance to food banks and the International District Housing Alliance that assists with housing issues. Also, Kin On Community Health Services provides home care, nursing home care, social and health services, daycare, and also publishes the Kin On News.

Furthermore, the *Chinese Yellow Pages* lists other organizations or associations ranging from arts, profession, student, sports, and social clubs that serve the Chinese community, particularly in Seattle, Washington. Examples of such organizations include Chinese Cultural Service Center, Chinese Historical Society, Chinese Art & Music Association, Chinese Student Association, Seattle Chinese Women's Club, Hong Kong Club of Washington, Jade Guild, Kay Ying Senior Citizen Club, Luck Ngi Musical Society, Organization of Chinese Americans, Inc., Seattle Chinese Athletic Association, Taiwanese Association of Seattle, Teo Chew Mutual Association of WA, WA Association of Chinese Herbalists, and WA State Chinese Medical Society.

Wu (1975) states that many Chinese may have not been religious in the past but their hardship experiences drew them closer to God. Out of 60 Chinese elders in Sacramento, California, 33 percent were Christians, 50 percent were Buddhists and 17 percent had no religious affiliation (Cheung, Cho et al. 1980). Thus, there are 26 Chinese churches in King County listed in the *Chinese Yellow Pages.* Yet, there were only 2 Chinese Buddhist Temples found in King County through the U.S. West Dex Yellow Pages.

Due to small Chinese populations in the states of Alaska and Idaho, there are no Chinese business or service directories available.

Another avenue for information dissemination in Chinese communities is through the various Chinese language media, such as newspaper and magazine publications, television, and radio. The *Chinese Yellow Pages* lists eight newspaper or magazine publications. Among these, four are national (e.g. World Journal, Sing Tao Daily, and US China Times) and four are local (e.g. Seattle Chinese Post and China Harbor, Asia Today), two cover just the state of Washington, and one covers the states of Washington and Oregon. There are two television stations and one radio station that cover local areas of Washington. Staff with a local television station, indicated that there are no forms of Chinese language media locally in the states of Alaska or Idaho. However, in large metropolitan cities such as New York, Los Angeles, Chicago, or San Francisco, there are established media that residents of Washington, Idaho and Alaska can access via cable television or satellite connections. As well, circulation of papers from urban areas is likely to be the main API language media used by limited English proficient Chinese elders.

Filipino

Filipino's have over 100 dialects but there are 12 major dialects. Of these, Tagalog, other wise known as "Pilipino", the national language, and Ilocano are the most commonly spoken in the U.S.

In addition to their national language, Filipino's are unique among API groups because of their ability to speak English. The Philippine education system uses both Pilipino and English as their official languages (Spolidoro and Demonteverde 1998). National Asian Pacific Center on Aging's demographic study (Yee, Rose et al. 1999) of the 1990 census found that out of 6283 Filipino elders in the states of Washington, Idaho and Alaska, 4859 or 77 percent, reported speaking English "well". Also, 1424 elders or 23 percent reported speaking English "not well" or "not at all".

Accordingly, Filipino television and radio media uses both Pilipino and English interchangeably. In Washington, there are two television stations, Mabuhay Television and Pilipinyana Television. With cable and satellite, residents can access other Filipino television stations regardless of location. There are two radio stations, which are Bert & Bebot and Filipino American Radio. Filipino press generally publish in English with the assumption that majority of the Filipino community is English literate. Publications in Washington are Filipino American Herald, Filipino American Bulletin, Pilipinyana Magazine, and Seattlelite Newsletter. Residents of Alaska and Idaho are able to subscribe to these publications but there are no known other local Filipino media.

For Filipino elders, family is a major source of support. "Family" can include extended kin such as brothers, sisters, nieces, nephews and cousins in addition to spouse and children. A study of 74 San Diego Filipino elders found 81 percent chose family, seven percent chose social agencies, and five percent chose friends, when asked to whom they turn first for help (Peterson 1978). In Weeks & Cuellar's (1981) study, 68 percent of 73 Filipino elders claimed to turn to family members first during times of need. However, Peterson (1978) reports that half of those with family are not near enough to provide actual support.

In the Filipino community, social organizations play a large role in making social support available to elders. These organizations provide limited amounts of social services such as community education, information and assistance, food commodity distribution, socialization, and crisis aid. There are over 80 such organizations in Washington ranging from church, professional, region of origin, spoken dialect, county of residence, lodges, dancing and activities, and gender based groups. In Seattle, Washington, organizations include Beacon United Methodist Church, Bicol Association, Balangas Association, CDA Gabrielle Silang Lodge #89, Filipino American Educators of Washington, and Filipino American National Historical Society. As well, there are Filipino American Physicians of Washington, Filipino American Women's Club, Filipiniana Dance Company, Filipino Community of Seattle, International District Drop-In Center, Northwest Asingalans Club, and Tagalog Circle. Additional organizations include Fairchild Filipino American Association in Spokane, Filipino American Community of South Puget Sound in Puyallup, Filipino American Community of Clark County in Vancouver, Filipino American Women's Club of Kitsap County in Bremerton, Pacific Northwest Ilocano Association in Port Orchard, and Visayan Club of Kitsap County in Silverdale.

The church acts as another form of support for the Filipino community providing spiritual support and socialization among others of the same religion. Peterson (1978) found that 95 percent claimed to have a religious affiliation, with 88 percent being

Catholic and seven percent being Protestant. Generally, the Filipino community attends mainstream catholic churches due to their ability to understand English. Although there are a few Filipino priests, they also preach in English.

Also, exclusively for Filipino WWII veterans who obtained U.S. Citizenship on basis of war service as members of the US Armed Forces of the Far East (USAFFE), veteran's organizations such as the American Legion and Veteran's of Foreign Wars act as another support system resource. These veteran's organizations are located throughout the U.S. and provide assistance for veterans and their family members in obtaining state and federal entitlements in addition to other needs.

Japanese

Japanese Americans are identified by different generations residing in the U.S. "Issei" is the first generation of immigrants between 1895 to 1924, " Nisei" is the second generation born in the U.S., and "Sansei" is the third (Montero 1980). "Shin-Issei" refers to Japanese who immigrated to the U.S. after 1952 (Nemoto 1998). Presently, most Nisei are reaching retirement age and there are very few surviving Issei (Ishii-Kuntz 1997; Nemoto 1998). According to National Asian Pacific Center on Aging's demographic study (Yee, Rose et al. 1999) of the 1990 Census data, there were 9,455 Japanese older persons over 55 years old residing in the states of Washington, Idaho and Alaska. Those who were U.S. born consist of 70 percent or 5,454. Also out of 5,440 Japanese elders, 84 percent or 4,561 reported speaking English "well".

Similar to the Chinese, Japanese tradition is also influenced by Confucianism that emphasizes "filial piety" and strong family networks. Although family support still exists in the Japanese American community, the ideals and level of support are changing due to western culture influences. Montero's (1980) national study of 1002 Issei older adults report that 58 percent lived with their spouse and/or other family members and two-thirds visited their children at least once a month. In Weeks & Cuellar's (1981) study, 43 percent of 109 Japanese elders claimed to turn to family members first when in need of assistance. A viable explanation is that the older parents do not want to weaken their relationship with their children by making excessive demands because this relationship is so much valued and needed (Osako 1976).

A study of 374 Japanese Canadians found that respondents consistently were active participants in one to four Japanese organizations (Ujimoto 1987). Another study of 23 Nisei in California found that respondents belonged to an average of four voluntary organizations per person (Doi 1990). This can be found true in the U.S and this ethnic cohesiveness may be a result of the WWII internment camp experiences. There are numerous social organizations serving the cultural, social and activity needs of Japanese communities. The *Directory of Ethnic Organizations in Washington State* and *JEN Japanese Telephone Guide* list over 35 organizations in arts, social, cultural, and educational with majority located in King County. Examples of organizations promoting Japanese martial arts, dance, music, floral arrangement, and education are Fujima Fujimine Dance Ensemble, Shumi Performers, Cascade Kendo-Kai, Friends of Yamanashi, Wakataki Japanese Dance, Ikebana International – Seattle Chapter 19, School, Japan Shumy and Culture Society, Nippon Kan Heritage Association, Kabuki Academy, Japan Kumon Educational Institute, etc. Examples of cultural or social organizations are Nisei Women's Club, Nikkei Concerns, Japan-America Society of the state of Washington, Ohmi Kenjin Kai, Urasenke Foundation – Seattle Chapter, Japanese American Citizens League (JACL) – Seattle and Olympia Chapter, Bainbridge Island

Japanese-American Community, Fukui Ken Club, Japanese Cultural Center, Japanese Community Service, etc.

According to Japanese Services which is a translation and interpreter service in Kodiak, Alaska, there is one organization called Japanese Club in Anchorage that provides cultural, art, and other services. Japanese Services states that the Japanese community has greatly decreased due to the withdrawal of Japan Airlines base in Anchorage. According to the Mountain States Refugee Services in Idaho, there are no known services for the Japanese community in the state of Idaho. The nearest Japanese cultural center is located in Ontario, Oregon.

Nikkei Concerns is a non-profit organization located in Seattle, Washington that oversees the operation of the Seattle Keiro Nursing Home and Kokoro Kai Adult Day Center. They offer services ranging from education programs, social and health, charitable, arts and craft lessons, language classes and travel tours. They also have a publication called Tayoli Newsletter. The Japanese American Citizens League (JACL), located in various regions across the U.S., is a social and cultural organization that promotes active participation and equal opportunities for Japanese Americans. Services include educational programs, language assistance, arts and dance lessons, charitable services and monthly newsletters.

There are a few newspaper and magazine publications locally in King County, Washington such as North American Post (Hokubei Hochi), Soy Source – Japan Pacific Publications, Inc., You Yu Club Magazine, Yomiuri America and Northwest Nikkei which is an English publication. In addition, there are local newsletters from social organizations. Although there are no television stations locally in these three states, residents can gain access to Japanese media through cable or satellite.

The church has been a focal point for community activity by providing not only spiritual support but also a sense of community in meeting the needs of the Japanese community (Uchida 1987). Although Japanese are predominantly Buddhists, 51 percent of Japanese Americans report being Buddhist and 15 percent report being Methodists in the U.S. in 1976 (Kalish and Reynolds 1976). However, in 1990 about 46 percent report being Buddhist and 42 percent Christian among the 24 informants (Doi 1990). Kalish (1976) states that Buddhist services tend to be in the Japanese language and Christian services tend to be in English.

There are about 10 Buddhist temples listed in the *Directory of Ethnic Organizations in Washington State* and *JEN Japanese Telephone Guide*. Examples are Columbia Basin Buddhist Sanga, Nichirin Buddhist Church, Spokane Buddhist Church, Tacoma Buddhist Temple, Seattle Betsuin Buddhist Temple, White River Buddhist Temple, Yakima Buddhist Church, and Seattle Koyasan Buddhist Church.

There are about 13 Japanese churches listed in the *JEN Japanese Telephone Guide* such as the Highland Park United Methodist Church in Spokane, Japanese Baptist Church, Japanese Presbyterian Church, Seattle Christian Assembly, Tenrikyo North Seattle, Tenrikyo Seattle Church in King County and Whitney Memorial United Methodist Church in Pierce County. According to Japanese Services in Kodiak, Alaska, there is one Japanese church in Anchorage. According to a Japanese resident of Idaho, there are no churches in the Japanese community. The nearest Buddhist temple is in Ontario, Oregon where there is a more active Japanese community.

Korean

Traditionally, Korean culture has been greatly influenced by Confucianism, which emphasizes "filial piety". Generally, in this cultural practice, the greatest responsibility of caring for older parents falls upon the oldest son and consequently, the oldest daughter-in-law. The responsibility can take the form of financial assistance, emotional support, and/or shared residence. In Weeks & Cuellar's (1981) study, 82 percent of 54 Korean elders claim to turn to family members first with needs ranging from transportation, money, food, help with forms, housework, general, sickness, and someone to talk to. Of these needs, food and help with forms rated higher. This represents the highest rate of reliance on family members among the API groups. Additional support usually exists among other children, relatives, friends, and neighbors.

When adult children sponsor their elderly parents for entry to the U.S., they are required to provide an affidavit of financial support for a minimum of three years. With migration to the U.S., having left their extended family support network in their country or origin, elderly Koreans are confined to a limited informal support network: essentially members of the immediate family. Koh and Bell (1987) state that living arrangements can differentiate the level of support provided by adult children. The majority of Korean elderly, being monolingual, are more likely to receive basic support services from their adult children in a shared living environment but when living apart, the need to seek other forms of support arises due to adult children's limited time and resources.

Koh and Bell (1987) indicate that 75 percent of Korean elders they sampled in New York were Christian and less than 15 percent were Buddhist. This can be affirmed by a current listing in the *Korean Business Directory* of approximately 188 Christian churches and seven Buddhist temples existing within Washington State; of these 76 churches and four Buddhist temples are located in King County alone. In Idaho, only three Christian churches and no existing Buddhist temples are listed in the *Korean Business Directory.*

In Alaska, there are 12 Christian churches and one Buddhist temple listed in the *Korean Business Directory*. In areas with a large Korean population, the church or temple is part of the informal support system that meets social and spiritual needs of Korean elders. Through a church or temple, Korean elders can have initial contact with professionals in various professions and participate in an exchange of information. Oftentimes, this type of initial contact can become a major source of information and impetus to seek available services.

Another form of contact for conveying information on available services is through Korean language media. In the state of Washington, existing forms of media include four Korean radio or TV broadcasting stations and six newspaper or magazine publications. Of the publications three are nationwide, one circulates only within Washington and Oregon, and one circulates within the northwest including Alaska and Idaho. In the state of Alaska, there are two radio or TV broadcasting stations and two newspapers or magazine publications. No form of Korean media exists in the state of Idaho, although residents can access national or northwest publications. Of course, with cable or satellite, residents of Alaska, Idaho and Washington can access Korean television broadcast from other parts of the U.S.

In the state of Washington, there are a few community-based organizations that particularly serve Koreans listed in the *Korean Business Directory* such as the Korean Community Counseling Center in Seattle/King County, Korean Women's Association in Tacoma WA, and the Tacoma Community House. For example, the Korean Community Counseling Center receives some state and private funding to assist Korean residents of King and surrounding counties with chemical dependency counseling, parenting classes, domestic violence prevention, and information and referral. The Korean Women's Association receives county and state funding to serve Pierce and surrounding counties with programs such as COPES in-home care services, domestic violence prevention, naturalization, senior nutrition, information and assistance, interpreter services, food stamp outreach and welfare assistance programs. The Tacoma Community House is funded by various government agencies from city to federal sources and serves Pierce and surrounding county low income residents of all ages in the areas of outreach, language bank, immigration service, education, ESL and citizenship classes, adult literacy program, and employment. There is Korean speaking staff available to assist monolingual Korean clients.

In addition, there are approximately 50 Korean associations that focus on senior, civic, sports, art, religious, professional and student interests. These include such associations as the Korean Senior Club, Korean Women's Association, Seattle Washington State Korean Association, Korean Association of Spokane Area, Spokane Korean Senior Citizen Supporting Association, Korean American Professional Society, Korean Nurses Society of WA, Inc., Korean Christian Counseling Center, and Washington State Korean Dry Cleaners Association. In the state of Idaho, the only known existing association is the Korean Association. In the state of Alaska, there are approximately 15 various Korean Associations similar to those of Washington State.

Koh and Bell (1987) found that two-thirds of Korean elderly stated they utilized Korean speaking doctors or dentists when receiving medical care, due to the language barrier. If this can be applied to Korean elders in the Pacific Northwest, we might infer that the percentage hasn't decreased by the number of Korean speaking medical professionals that exist. In King, Snohomish, or Pierce Counties where the larger Washington State Korean population resides, there are approximately 46 physicians and specialists, 20 dentists, and 29 herbal or acupuncture clinics listed in the *Korean Business Directory*. In contrast, the number of Korean physicians and dentists listed in other counties within Washington State is negligible. In Alaska, there are only five physicians, two dentists, and six herbal or acupuncture clinics listed in the directory. In Idaho, there are only three physicians, of whom two practice herbal medicine or acupuncture listed in the Directory.

Vietnamese, Cambodian, Laotian

From 1975 to present, there has been a flood of refugees from Vietnam, Cambodia and Laos to the U.S., fleeing war, persecution, re-education and refugee camps (Flaskerud and Nguyen 1988). These three groups also are identified as Indochinese or Southeast Asian (Tran 1992). The number of elderly 55 years or older reported in the 1990 census of these groups combined, were 1740 in Washington, 238 in Alaska and none in Idaho (Yee, Rose et al. 1999). The majority of Cambodian refugees are ethnic Khmer. From Laos came two main ethnic groups: Lao and Hmong. Informal support systems are available through family, friends, relatives, role models or community leaders, and religious organizations in these communities.

These three groups share similar patrilineal family structure of a clan system (Hoang and Erickson 1982). For these groups, family extends beyond a nuclear unit where physical, emotional, financial, cultural, social, and political support is provided and where the group is given preference over the individual (Nguyen 1985; Hayes 1987;

Tran 1991; Spolidoro and Demonteverde 1998). It includes aunts, uncles, cousins, nieces, nephews and even non-family members. These non-family relationships became new "families" while at refugee camps based on common experience. They formed trusting bonds that continue even after their arrival to the U. S.

Buddhist temples play a major role of support for the Vietnamese, Cambodian, and Lao communities (Pham 1986; Die and Seelbach 1988). These temples act as a gathering place for spiritual support as well as fellowship and for information exchange among Laotians, Cambodians, and Vietnamese. In a study of Vietnamese elders in Texas, 90 percent of 60 elders rated church or temple as being very important with almost all immigrants being Buddhist or Catholic (Die and Seelbach 1988). It's assumed that the majority of Lao and Cambodian communities are Buddhists. There are two major Lao temples in King County, Dhammacetaiyaram and Mixai temples, the first being the largest. There is also a temple in Tri Cities, Washington as well as one in the state of Idaho. According to a Vietnamese Case Manager, there are nine temples located throughout Washington State, five being in King County. According to the Khmer Buddhist Society there are five known Cambodian temples in Washington. The number of temples for these communities in Idaho or Alaska is unknown and assumed to be few.

Refugee communities from various countries can access services from community based agencies designed to assist with the transition and adaptation process in the U.S. There are two known agencies in Idaho; Refugee Services and Mountain States Refugee Center. There are more located in Washington, such as Refugee and Immigrant Community Resources Center, Refugee Federation Service Center, Refugee Resettlement Office Diocese of Olympia, Refugee Women's Alliance, Indochina Chinese Refugee Association, Refugee Assistance within the Jewish Family Services, Refugee Center, and the Refugee Resettlement Program located in Spokane. There are no known refugee assistance programs in Alaska. These agencies have a spectrum of social services such as ESL, employment, counseling, financial and information and assistance.

In addition, there are a few community based ethnic organizations located in Washington such as the Indochinese Cultural and Service Center located in Seattle that serves these groups. The Khmer Association in Seattle and Tacoma, Khmer Buddhist Society in Seattle, and Khmer-Krom Buddhist Association of Tacoma exist in the Cambodian community. For the Vietnamese community, there are agencies such as Vietnamese Association in Seattle, Vietnamese Friendship Association in Longview and Spokane, Vietnamese Buddhist Youth Association, and Vietnamese Senior Association. For the Lao community, there are agencies such as Coalition of Lao Mutual Assistance in Seattle, Lao Community Center in Seattle, and Lao Highland Association of King County. As well, there are nutrition programs serving ethnic foods in Seattle, King County through the Asian Counseling and Referral Service and Pacific Asian Elderly Program.

The print media through the NW Vietnamese Weekly News located in Seattle, Washington, is the only known form of media for the Vietnamese community. For the Cambodian community, Cambodian News circulates in Washington and Idaho. For the Lao community, there are no local forms of media, except some newsletters from social organizations. Residents of these three states can access respective ethnic television media with cable or satellite or existing newspaper or magazine publications by subscription from other states.

Asian Indian, Pakistani

There is very little literature on Asian Indians and even less on the Pakistanis. Asian Indians, like Filipinos, tend to speak English well. According to National Asian Pacific Center on Aging's demographic study (Yee, Rose et al. 1999) based on the 1990 Census data, Asian Indians, Indonesians, Thai, and other Asians are classified as "Other Asians". Among those, 88 percent or 187 out of 213 elders in the states of Alaska and Idaho report to speak English "very well" or above. In the state of Washington, only 66 percent or 192 out of 369 elders report speaking English "very well".

The majority of Indian news publications, similar to those of Filipinos, use English with relatively few publications in Hindi. While there are no local newspaper publications locally in the states of Alaska, Idaho or Washington, residents can subscribe to national newspapers in New York or California. There are also local newsletters published by local social organizations. According to the editor of News India Group, one of the largest newspaper publications, there are no other forms of media in West Coast states except California. There are more in East Coast states such as Pennsylvania, New York, or New Jersey. Residents of Alaska, Idaho and Washington can access Indian television broadcasts via satellite or, to a more limited extent, via cable.

According to an owner of a Pakistani Grocery in Seattle, Washington, there are no forms of media in the states of Washington, Idaho or Alaska. However, there are local or national newspapers in major metropolitan cities like Los Angeles, New York or Chicago to which residents can subscribe. Newspaper publications are in the Pakistani language. Locally in King County, the Pakistan Association publishes a monthly newsletter.

Asian Indians traditionally place high emphasis on family ties, religion, and service to others (Fry 1980). Hinduism is the dominant religion for Asian Indians with 82 percent of the population being Hindu (Nagpaul 1997). Nagpual (1997) reports that the religious scriptures of Hinduism describe and illustrate "the concept of family, the role of elders in the family structure, the cultural norms governing their philosophy of life, and attitudes and behavior related to the various stages of life span". Traditionally, Asian Indians follow a patriarchal extended family system including cousins, nephews, uncles, etc. But with modernization and western influences, younger generations have changed family priorities that are often perceived by the elderly as disrespect or indifference. However, Nagpaul (1997) reports that traditional family values are still intact in the Asian Indian community in the U.S.

The Pakistan community is predominantly Muslim. According to an owner of a Pakistani Grocery, there are about ten multicultural mosques in the King County area but none specifically for the Pakistani community.

The India Association of Western Washington is the major social organization in the Asian Indian community. Their goal is to provide and promote social, cultural, and educational programs for the Indian community. They also publish a newsletter called IAWW News. Other organizations listed in the *Directory of Ethnic Organizations in Washington State* are People for Progress in India, Leela, Music and Cultural Society of India, Sikh Society of Seattle, Urvasi Dance Company, and Vedanta Society of Western Washington. For the Pakistani community, a major social organization is the Pakistan Association located in King County. According to the President of the Pakistan Association, there are no other social organizations serving this community due to its small size. Organizations serving both Asian Indian and the Pakistani communities are Bazm-e-Adab Urdu, Ragamala, and Washington South Asian Council.

Guamanian, Hawaiian, Samoan

The Polynesian Islands of Guam, Hawaii, and Samoa are U.S. territories. These three groups share similar extended intergenerational family structure of close social networks that are the main sources of support (Munoz 1977). In Weeks & Cuellar's (1981) study, 47 percent of 64 Guamanian elders and 68 percent of 56 Samoan elders claimed to turn to family members in times of need.

Samoan communities are formed in "fa's Samoa", the Samoan way of life, where society is a village consisting of households or extended families from a dozen to several hundred people (Spolidoro and Demonteverde 1998). A "Matai" or chief, who is related by common descent, heads each household or family (Holmes 1972; Rhoads and Holmes 1981; Shimamoto 1988). These chiefs form a Council of Chiefs who serve as the governing body of each village. This holds true for Samoan communities in the U.S. The "Matai" settles family disputes, provides counseling, and establishes punishment for transgressions. If disputes can't be settled, they go to the Council for final resolution. The consequence of not abiding by a council decision is to leave the community.

Similar family systems exist in the Hawaiian community. Equivalent and acting in a similar capacity to a "matai" is the "hanau mua" who heads the "ohana" which means family or clan (Schwitters and Ashdown 1981). The people of Guam, the "Chamorros" also traditionally share the strong and cohesive intergenerational family structure (Munoz 1977).

With their migration to the U.S., even with a changing society and western influence, these three groups have managed to develop common social units within their ethnic groups. Munoz (1977) states that these social units provide "roots in the new environment" and a "sense of identity" but also function as a means, in themselves, to sustain group life.

There are only a few social service agencies or programs that serve these three Polynesian communities. For the Samoan community, the Seattle Samoan Center located in Seattle, Washington is the main social service agency that offers social and health services, employment, activities, and educational tutoring. Currently, there are two Samoan nutrition programs in Seattle, Washington. It is unknown if they are available in other areas. Other organizations listed in the *Directory of Ethnic Organizations in Washington State* are resources for cultural and social activities. Agencies listed are Families of Hawaii in Kennewick, Guam Club of Washington, Lokahi Ohana O Hawaii Inc., Polynesian Dance Studio of Ellensburg, Pulamahia Hula Academy, Marcella Lee and Pearls of the Pacific, Rainbow of Hawaii, South Pacific Revue, School of the Dark Eyes of the Heavens, and Hokulele Dancers.

Many of these social organizations publish newsletters for their members. The Hale Pai Newspaper, Aloha News, and Kui Ka Lono publications covers news affecting Polynesian groups and circulates in Washington but not Idaho or Alaska. For the Hawaiian community in Washington, there are two radio stations in Seattle.

In addition to the family, the church plays a large role of support for the Samoan community. A study in Seattle, Washington found that more than 99 percent of the Samoan community claim to be involved in a Christian church (Kotchek 1980). Rhoads and Holmes (1981) state that "Samoans are very religious people and have extraordinary respect for church personnel. The church minister often acts in a similar role as a chief in needy situations." A Samoan social service professional estimates about 35 Samoan churches are in Washington and very few in the states of Alaska and Idaho.

Munoz (1977) reports that Guamanians are predominantly Catholic. According to the Coordinator of Hokulele Dancers, Hawaiians are predominantly Christian.

Discussion

The provisions under the Older Americans Act and the various government offices offer most older adults in the U.S. a continuum of services to meet their needs in their retirement years. The spectrum of services ranging from case management to health services assists older adults to remain active and independent in their community.

For APIs, the structure of the existing social service systems creates both external and internal barriers leading to under-utilization of social services by APIs (Peterson 1978). External barriers can be in the form of racism and insensitivity to language and cultural differences. Internal barriers can be in the form of mistrust, fear of the unknown, cultural values that preclude sharing problems outside the family, guilt, and an ideal of social solidarity over individual needs. All of these can be a deterrent to the utilization of a social service system (Fujii 1976; Ho 1976; Peterson 1978). For example, Peterson (1978) reports that although two-thirds of the sampled Filipino elders knew about MediCal and Medicare, only 38 percent utilized MediCal and 32 percent utilized Medicare. As well, a 1995 study of how Chinese and Filipino women care for their elderly parents, found that few Filipino caregivers utilized the community services system due to it being unavailable and inappropriate in meeting their needs practically and culturally (Jones 1995).

In 1986, the state of Washington Aging and Adult Services Administration published *Minority Elderly Technical Assistance Guide* in an effort to provide AAAs with a basic understanding of the systemic barriers to service utilization and as a tool to assess their capacity to serve the most needy, including minority elderly. Minority Initiatives, mentioned in this guide, suggested developing contracts with minority organizations that can provide culturally competent services, recruitment of minority elderly on AAA Advisory Councils, policies to encourage employment of minority staff and policies that target vulnerable elderly populations. Additional inclusions are implementation of funding incentives that encompass services to minority and limited English speaking elderly, participation in statewide training, and provision of technical assistance to AAAs and minority organizations (Aging and Adult Services Administration 1986).

Similarly in 1989, the American Society on Aging (ASA) funded a two and a half year project called the "National Low-Income Minority Elder Initiative" to increase their efforts to understand and meet the needs of the growing minority populations. This initiative led to the formation of the ASA National Fellows/Mentors Program that provides opportunities for mid-career workers to work with and empower indigenous community organizations. ASA explored problems encountered by minority elderly populations such as poverty and income security, health, housing and neighborhood issues, education, social supports, and language.

Physical, economic, cultural, institutional, and policy level barriers were found to be contributing factors leading to under-utilization of existing services (American Society on Aging 1992). In response to advocacy efforts, systematic changes occurred throughout the aging network to overcome barriers to service. For example, one in four State Units on Aging developed a minority task force. Results were limited however due to the "transient nature of the task forces, turnover among participants, and unavailability of funds to continue their work" (American Society on Aging 1992).

Areas with larger API populations are more likely to have greater variety of services. For example, more urban or larger areas like King, Pierce, or Snohomish counties have more services offered compared to smaller, more rural areas with less population such as counties in Idaho State.

There have been some successes in the joint efforts of formal and informal support systems to serve API groups. An example of "bridging the gap" in the support system network between the family and a public agency is the ethnic oriented service centers such as On Lok in San Francisco's Chinatown offering culturally competent community social and health services (Cheung, Cho et al. 1980). On Lok takes responsibility for the continuity of care needs by enrolled participants until they reach the functional level of no longer needing care (Van Steenberg, Ansak et al. 1993).

Another example of an integrated service in San Francisco's Chinatown is the Self Help for the Elderly program, which collaborates with community and indigenous professionals and paraprofessionals in outside agencies (Bell, Kasschau et al. 1976). The program serves not only Chinese elderly but other ethnic elderly groups as well and makes efforts to bring services to the elderly rather than transporting the elderly to service settings outside of their neighborhood.

Aside from the formal support network, the family undeniably contributes the majority of care for API elders. Family caregivers are prevalent and valuable in American society. In 1997, the National Alliance of Caregivers (NAC) documented in excess of 22 million U.S. households involved in caregiving. This burden can be magnified for caregivers in certain API communities, especially where there is less access to formal services. For families geographically separated from the elder, this creates increased difficulty.

Traditional living arrangements in API countries of origin drastically differ from living arrangements of API's in the U.S. Whereas elderly parents living with their oldest son or other children may be prevalent in their country of origin, API elderly in the U.S. lean towards a nuclear family household. For API elders who reside with their children or other family members, the arrangement can be mutual. The family provides housing, food and financial support while the elder cares for grandchildren, performs household chores, prepares meals, and provides child rearing advice (Peterson 1978; Cantor 1979; Chow 1983; Cox and Gelfand 1987; Koh and Bell 1987; Jones 1995).

Living arrangement variations may depend on the degree of acculturation: being foreign born, the length of stay since immigration, marital status of adult children, and English proficiency (Kamo 1994). Another determining factor can be whether immigration was involuntary such as refugee populations. A factor in API elder preference for independent living situations is intergenerational conflict that arises between the older generation and the younger, more westernized generation (Osako and Liu 1986; Le 1997; Nagpaul 1997). In addition, another factor for some API elders may be the availability of various public assistance programs that alleviate the financial strain of living independently such as Supplemental Security Income, Medicaid, food stamps, and subsidized housing.

The belief in herb treatment and acupuncture may pose a barrier to the utilization of western health care due to delays in seeking medical care. This belief in traditional medicine is derived from the Chinese concept of Yang and Yin. Yang or masculine represents light, heat, strength and dryness, and Yin or feminine represents darkness, softness, cold and wetness (Hoang and Erickson 1982; Nguyen 1985). Hoang (1982) states U.S. physicians need to understand and accept the use of a dual system of traditional and western health care. Use of dual systems has proven to be successful in meeting the health care needs of 750 million people in modern China (Cheng 1973).

Additionally, refugee communities of Lao, Vietnamese, and Cambodian may perceive western healthcare system very differently, most likely with fear and suspicion due to experience in their own countries. It is important to understand and be culturally sensitive to the impacts these experiences.

It's also evident that religion plays an integral role in the lives of Asian Pacific Islander Americans, whether their affiliation is Christian, Buddhist, Hindu, or Muslim. A majority of Koreans, Chinese, Filipinos and Pacific Islanders in the U.S. appear to be Christians, while refugee communities of Lao, Vietnamese, and Cambodians are predominantly Buddhist. Japanese are divided between Buddhism and Christianity. The Asian Indian community is predominantly Hindu and the Pakistani community is Muslim. Religion and religious practices not only meet spiritual needs but for many API elders, they are a means for socialization, ethnic identification, and a sense of belonging.

Moreover, API communities have formed various social, cultural and religious organizations to promote their individual cultures, assist in the process of adapting to the American life, and provide a sense of ethnic identity. Although the organizations named in this report may not be all-inclusive, they present a sample of those available among API communities.

While different forms of media are available in most API communities, the extent to their establishment in various ethnic communities varies depending on the size of the population, length of their residency and how active they are as a community. For those groups with a longer history of immigration such as Filipinos, Chinese, Korean and the Japanese, there are more forms of media compared to media for more recent arrivals such as the refugees or Pacific Islanders. As well, there may be differences in what each ethnic group understands regarding information about a service so it's important to learn about the linguistic and other factors for the effective delivery of messages (Capitman, Hernandez et al. 1991).

Conclusions and Recommendations

Asian Pacific Islander older persons are growing in numbers proportionately faster than their white counterparts (Yee 1992; Yee, Rose et al. 1999]. It's evident that support from the informal network of family, friends, and ethnic associations in their respective communities are inadequate to meet the needs of API elders. Formal and informal systems need to mutually work together to provide a comprehensive support network for the API elders.

A major challenge for formal support systems reaching out to APIs is their ability to be inclusive of the various ethnic groups. The American Society on Aging found that in doing outreach in different communities, smaller minority populations were frequently neglected (American Society on Aging 1992). Service providers need to commit to recognizing and respecting the racial, ethnic, and cultural diversity of their community and to identify potential positive opportunities for improvement appropriate to the diverse groups (Capitman, Hernandez et al. 1991).

Bell's (1976) literature review finds some recommendations for delivery of services among the different ethnic groups. Recommendations include having bilingual and bicultural staff in social service agencies, establishing services in the central geographical location with high concentration of the target group, and utilizing existing ethnic community organizations or other informal support systems. Correspondingly, Die and Seelbach (1988) recommends cooperative effort between the formal support system, religious organizations and refugee services to increase the likelihood in reaching refugee groups.

A challenge for the informal support system is to act in a capacity as translators or interpreters, to effectively convey technical information about services, service systems, and expectations about service quality in an understandable fashion. Some API older persons may not have had formal education or some may not be literate in their own languages. Using technical terms may be confusing and would not result in the comprehension of the information. For API elders who are illiterate in their own language, other methods of information dissemination need to be considered such as audio or video recordings.

Can formal and informal systems form effective collaborations? The likely response is that such collaborations have yet to occur in systematic ways to assure that service systems will identify a need to and thereby become culturally competent. As well, informal systems, even in long established API communities have undergone change, in large part due to the different needs and resources of immigrant waves. We suggest that a complex system like HCFA, as it recognizes its need to become culturally competent, particularly with respect to a vulnerable population like API elders, should consider the following:

A. Continue efforts to conduct studies and collect data on API beneficiaries that will improve knowledge about API ethnic groups, their needs and life circumstances in ways that will inform and identify more effective service delivery approaches. Particular areas of interest are:

- Ways that family and community support systems are associated with living arrangements and financial and health needs that might lead to improved targeting of needed service interventions;
- Best practices among various types of API informal support systems and formal support systems to assure dissemination of accurate and necessary information about API elder (and family caregiver) rights and responsibilities under different programs such as Medicare and Medicaid; and
- Improvements in data collection to measure and monitor service use and outcomes among API elders particularly with respect to Medicare and Medicaid as well as other programs that target vulnerable populations.

B. Contract with an API organization as an intermediary or broker to develop two campaigns to improve opportunities for collaborations or partnerships between the formal support system and the API community informal support system:

- The first is a bilingual English and key API language campaign (all media) to inform API elders about services and resources available in the formal support system.

- The second is technical assistance to formal support system units on why and how they can collaborate with API informal support system units in ways that improve their effectiveness and efficiency – to forward their service mission to serve those in need of health and related care.

C. Increase efforts to utilize existing forms of ethnic media to disseminate information regarding Medicare and Medicaid to respective API communities:

- Identify which form of media best reach different API communities.
- Identify and collaborate with newspapers or other publications reaching appropriate API communities to print information regarding Medicare and Medicaid in API languages.
- Identify and collaborate with other forms of ethnic media, radio or television, to broadcast information and resources available to appropriate API communities.

References

Aging and Adult Services Administration (1986). Minority Elderly Technical Assistance Guide. Olympia, WA, Aging and Adult Services Administration, State of Washington.

America Pacific Marketing (1998-99). Chinese Yellow Pages: Seattle & Northwest. Seattle, WA, Charlie Y. Cheng, America Pacific Marketing.

American Society on Aging (1992). Serving Elders of Color: Challenges to Providers and the Aging Network. San Francisco, CA, American Society on Aging.

Bell, D., P. Kasschau, et al. (1976). Delivering Services to Elderly Members of Minority Groups: A Critical Review of the Literature. Santa Monica, CA, Rand Corporation.

Cantor, M. (1979). The Informal Support System of New York's Inner City Elderly: Is Ethnicity a Factor? Ethnicity and aging: Theory, Research, and Policy. D. G. A. Kutzik. New York, Springer Publishing Company: 153-174.

Capitman, J., W. Hernandez, et al. (1991). "Diversity Assessments in Aging Services." Generations 15(4): 73-76.

Chan, K. (1983). "Coping with Aging and Managing Self Identity: The Social World of the Elderly Chinese Women." Canadian Ethnic Studies 15(3): 35-50.

Cheng, T. (1973). "Medicine in Modern China." Journal of the American Geriatric Society 21: 289-313.

Cheung, L.-S., E. Cho, et al. (1980). "The Chinese Elderly and Family Structure: Implications for Health Care." Public Health Reports 95(5): 491-495.

Chow, N. W.-S. (1983). "The Chinese Family and Support of the Elderly in Hong Kong." The Gerontologist 23(6): 584-588.

Cox, C. and D. Gelfand (1987). "Familial Assistance, Exchange and Satisfaction Among Hispanic, Portuguese, and Vietnamese Ethnic Elderly." Journal of Cross-Cultural Gerontology 2: 241-255.

Die, A. H. and W. C. Seelbach (1988). "Problems, Sources of Assistance, and Knowledge of Serving Elderly Vietnamese Immigrants." The Gerontologist 28(4): 448-452.

Doi, M. L. (1990). Ethnicity, Ritual, and Aging Among Second Generation Japanese Americans. Human Development and Aging. San Francisco, University of California: 233.

Ethnic Heritage Council (1995). Contact: A Directory of Ethnic Organizations in Washington State. Seattle, WA, Ethnic Heritage Council.

Flaskerud, J. H. and T. A. Nguyen (1988). "Mental Health Needs of Vietnamese Refugees." Hospital and Community Psychiatry 39(4): 435-437.

Fry, P. (1980). "Attributional Differences in the Life Satisfactions of the Elderly: A Cross-Cultural Comparison of Asian and United States Subjects." International Journal of Psychology 15(3): 201-212.

Fujii,S. (1976)."Elderly Asian Americans and Use of Public Services." Social Casework 57(3): 202-207.

Gornick, M., J. N. Greenberg, et al. (1985). "Twenty Years of Medicare and Medicaid: Covered Populations, Use of Benefits, and Program Expenditures." Health Care Financing Review Annual Supplement: 13-59.

Hayes, C. (1987). Two Worlds in Conflict: The Elderly Hmong in the United States. Ethnic Dimensions of Aging. D. Gefland and C. Barresi. New York, Springer Publishing Company: 79-95.

Ho, M. (1976). "Social Work with Asian Americans." Social Casework 57(3): 195-201.

Hoang, G. N. and R. V. Erickson (1982). "Guidelines for Providing Medical Care to Southeast Asian Refugees." Journal of the American Medical Association 248(6): 710-714.

Holmes, L. (1972). The Role and Status of the Aged in a Changing Samoa. Aging and Modernization. D. Cowgill and L. Holmes. New York, Appleton-Century-Crofts: 73-132.

Ishii-Kuntz, M. (1997). "Intergenerational Relationships Among Chinese, Japanese, and Korean Americans." Family Relations 46(1): 23-32.

JEN Inc. (1999). Japanese Telephone Guide. Seattle, WA, Noriko Goto Palmer.

Jones, P. S. (1995). "Paying Respect: Care of Elderly Parents By Chinese and Filipino American Women." Health Care for Women International 16: 385-398.

Kalish, R. and D. Reynolds (1976). Japanese Americans. Death and Ethnicity: A Psychocultural Study. Los Angeles, Ethel Percy Andrus Gerontology Center (USC): 120-154.

Kamo, Y. Z. M. (1994). "Living Arrangements of Elderly Chinese and Japanese in the United States." Journal of Marriage and the Family 56(3): 544-558.

Koh, J. Y. and W. G. Bell (1987). "Korean Elders in the United States: Intergenerational Relations and Living Arrangements." Gerontologist 27(1): 66-71.

Kotchek, L. (1980). ""Of Course, We Respect Our Old People, But..." Aging Among Samoan Migrants." California Sociologist 3(2): 197-212.

Le, K. Q. (1997). "Mistreatment of Vietnamese Elderly by Their Families in the United States." Journal of Elder Abuse & Neglect 9(2): 51-62.

Lin-Fu, J. (1988). "Population Characteristics and Health Care Needs of Asian Pacific Americans." Public Health Report 103(1): 18-26.

Montero, D. (1980). "The Elderly Japanese American: Aging Among the First Generation Immigrants." Genetic Psychology Monographs 101: 99-118.

Munoz, F. (1977). Family Life Patterns of Pacific Islanders: The Insidious Displacement of Culture. The Psychosocial Development of Minority Group Children. G. Powell. New York, Brunner/Mazel Publishers: 248-257.

Nagpaul, K. (1997). "Elder Abuse Among Asian Indians: Traditional versus Modern Perspectives." Journal of Elder Abuse and Neglect 9(2): 77-92.

National Alliance for Caregiving (1997). Family Caregiving in the US: Findings from a National Survey. Washington, DC, American Association of Retired Persons and National Alliance for Caregiving.

Nemoto, T. (1998). "Subjective Norms Toward Social Support Among Japanese American Elderly in New York City: Why Help Does Not Always Help." Journal of Community Psychology 26(4): 293-316.

Nguyen, M. (1985). "Culture Shock: A Review of Vietnamese Culture and its Concepts of Health and Disease." Western Journal of Medicine 142: 409-412.

Osako, M. (1976). "Intergenerational Relations as an Aspect of Assimilation: The Case of Japanese-Americans." Sociological Inquiry 46(1): 67-72.

Osako, M. and W. Liu (1986). "Intergenerational Relations and the Aged Among Japanese Americans." Research on Aging 8(1): 128-155.

Peterson, R. (1978). The Elder Filipino. San Diego, Campanile Press, San Diego State University.

Pham, N. T. (1986). "The Mental Health Problems of Vietnamese in Calgary: Major Aspects and Implications for Services." Canada's Mental Health(December): 5-9.

Rhoads, E. and L. Holmes (1981). "Mapuifagalele, Western Samoa's Home for the Aged — A Cultural Enigma." International Journal of Aging and Human Development 13(2): 121-135.

Sakauye, K. (1989). Ethnic Variations in Family Support of the Frail Elderly. Family Involvement in Treatment of the Frail Elderly. M. Zucker-Goldstein. Washington, DC:, American Psychiatric Press.: 63-106.

Schwitters, S. and Ashdown (1981). "Elderly Hawaiians in a Changing Society." Aging 319-320: 10-19.

Shimamoto, Y. I., D (1988). "The Elderly Samoan." Public Health Nursing 5(4): 219-2-21.

Spolidoro, A. and S. Demonteverde (1998). Asian and Pacific Islander Elderly in Los Angeles County: An Information and Resource Handbook. Los Angeles, Asian and Pacific Older Adults Task Force.

Tanjasiri, S. P., S. P. Wallace, et al. (1995). "Picture Imperfect: Hidden Problems Among Asian Pacific Islander Elderly." Gerontologist 35(6): 753-760.

The Korea Central Daily (1998-99). Korean Business Directory. Seattle, WA, The Korea Central Daily.

The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry (1998). Quality First: Better Health Care for All Americans. Washington, DC, The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Tran, T. (1991). "Family Living Arrangement and Social Adjustment Among Three Ethnic Groups of Elderly of Indochinese Refugees." International Journal of Aging and Human Development **32**(2): 91-102.

Tran, T. V. (1992). "Adjustment Among Different Age and Ethnic Groups of Indochinese in the United States." The Gerontologist 32(4): 508-518.

Uchida, Y. (1987). Desert Exile. Seattle and London, University of Washington Press.

Ujimoto, V. (1987). Organizational Activities, Cultural Factors, and Well-Being of Aged Japanese Canadians. Ethnic Dimensions of Aging. D. Gelfand and C. Barresi. New York, Springer.: 145-160.

Van Steenberg, C., M. Ansak, et al. (1993). On Lok's Model: Managed Long-Term Care. Ethnic Elderly & Long Term Care. C. Barresi and D. E. Stull. New York, Springer Publishing Comapny: 178-190.

Weeks, J. and J. Cuellar (1981). "The Role of Family Members in the Helping Networks of Older People." The Gerontologist **21**: 388-394.

Wu, F. (1975). "Mandarin Speaking Aged Chinese in the Los Angeles Area." The Gerontologist 15: 271-275.

Yee, D. L. (1992). "Health Care Access and Advocacy for Immigrant and Other Underserved Elders." Journal of Healthcare for the Poor and Underserved 2(4): 448-464.

Yee, D. L. and J. A. Capitman (1996). "Health Care Access, Health Promotion, and Older Women of Color." Journal of Health Care for the Poor and Underserved 7(3): 252-272.

Yee, D. L., D. Rose, et al. (1999). Demographic Report on Asian Pacific Islanders in Washington, Alaska, and Idaho. Seattle, WA, National Asian Pacific Center on Aging.

The National Asian Pacific Center on Aging

Information Resources Among Asian and Pacific Islander Elders: an environmental scan

Authors:

Donna L. Yee, PhD
Alice Shin

Table of Contents

Introduction......1

Purpose of the Study......2

Methodology......3

- Sample......3
- Data Collection......6
- Analytic Approach......7

Findings......7

- Respondent Information......7
- API Elders Served......8
- Interaction Between API Communities And Service Systems......12
- Effectiveness Of API Language Media For Information Dissemination......13
- Suggestions......15

Conclusions......17

- Study Limitations......17
- Assessment of API Service and Access Problems......17
- Interaction Between API Communities and Service Organizations......18
- Use of API Language Media for Information and Education......19
- Suggestions for Government Information Dissemination......19

References......21

Appendix A: Study Instrument......23

List of Tables

Table 1. Target Community 3

Table 2. Respondent Profile 4

Table 3. Main Stream and Ethnic Organization and Media Profile 5

Table 4. API Languages Represented Among Key Informants 5

Table 5. Analysis of Skip Patterns by Questionnaire Item 6

Table 6. Products & Services Provided by Respondent Organizations 8

Table 7. Geographic Area Served by Respondent Organization 8

Table 8a. Number of Respondents Serving Older Adults 9

Table 8b. Description of Older Adults Served 9

Table 9. Ways Family Members Assist Elders 10

Table 10. Ranking of Problems Experienced by API Elders 11

Table 11. Responses to Problems Faced by API Elders 12

Table 12. Interaction between API communities and Service Organizations 13

Table 13. Use of of API Language Media for Health and Non-Health Information 13

Table 14. Successful Information/Marketing in API Languages 14

Table 15. Suggested Methods Government Agency Information Dissemination 15

Introduction

Little is known about Asian and Pacific Islander (API) older adults and how to assure that they have information that supports an understanding of their rights and responsibilities as "customers" of Health Care Finance Administration programs (i.e. Medicare and Medicaid). A review of 752 citations on "API elders and health" in the health and social science literature suggests that API older persons generally have inadequate access to information about services and programs designed for older persons in their communities (Yee, 1999). This lack of accessible information contributes to low participation rates for API elders in publicly funded services like nutrition, home care, and programs to improve health care affordability (e.g. Qualified Medicare Beneficiary). The general lack of information needed to access public program services are the first rung of a ladder of barriers that result in chronic under utilization of much needed financial and medical assistance programs by API older persons (Chen & Hawks, 1995; Cox, 1987; Cox & Gelfand, 1987; Tanjasiri, Wallace, & Shibata, 1995).

Community Capacity Building for Asian Pacific Islander Elders, a community assessment project conducted by the National Asian Pacific Center on Aging (NAPCA) surveyed API elders in five communities as part of efforts that involved over 3,500 elders and community leaders in multi-lingual community town hall meetings and round tables. During these meetings, elders shared information on their experiences getting information about and gaining access to needed health and social service programs. Findings indicate that the areas elders believe to be most problematic are language access (ranked highest), enough money to live on (ranked second), and affordable housing (third), followed by transportation availability and employment (National Asian Pacific Center on Aging, 1998; National Asian Pacific Center on Aging, 1999).

In the States of Washington, Idaho, and Alaska, the 1990 Census counted about 22,000 Asian Pacific Islanders 55 years of age and older. More than a third or 8,419 report not speaking English well or at all. While three in four are not born in the U.S., half are naturalized U.S. citizens. Among APIs 65 and older in 1990, a stunning 41 percent do not have Social Security income and as expected, Social Security income appears to have a negative relationship with poverty. Because clusters of API men were retired from the military while some areas had large numbers of elders who were recent arrivals to the U.S., a NAPCA study found exceptions at both extremes. In each of these States, a majority of API elders report modest incomes (at least 200 percent of the federal poverty level). In the three States studied, the portion of API elders who have low incomes in 1990 are 24 percent in Washington, 47 percent in Idaho, and 60 percent in Alaska. [Yee, 1999].

In Idaho and Alaska, API older persons are a rare population representing less than one percent of the older adult population. Alternately, in Washington, API older persons are the largest non-White non-Hispanic minority group, and are estimated at three percent of the older adult population. The encouraging news is that API elders cluster in and near urban areas. The discouraging news is that several barriers require specific mediation to enable API elders to get and use information about Medicare program benefits and choices, as well as beneficiary rights and protections.

The most common service access barriers cited in the literature include:

- limited English proficiency in the context of a monolingual English service delivery and information system;
- cultural differences that result in a lack of service access and misunderstandings about how service systems operate (e.g. eligibility or application procedures and service delivery protocols);
- marginal literacy in a language other than English or in English which makes the government's reliance on informing beneficiaries via print materials not useful;
- immigration status which raises uncertainty among service providers and API elders about eligibility and entitlement to government health insurance, financial assistance, and service programs, and
- historical patterns of service delivery and program administrators who are not able to and are sometimes disinterested in accommodating the diversity of populations they are commissioned to reach and serve (Lavizzo-Mourey & Mackenzie, 1996; Tirado, 1996).

This report is part of a series of reports that identify information and outreach strategies to assure that vulnerable populations, including APIs, have appropriate access to Medicare and Medicaid programs as well as necessary information on consumer "rights and responsibilities." This report will discuss results and findings of a telephone survey to assess current information resources and identify information dissemination opportunities that might mediate a lack of accessible information for API elders about Medicare and Medicaid programs as well as about consumer rights and responsibilities related to those programs.

Purpose of the Study

An environmental scan was conducted to identify and profile the kinds of organizations that have contact with API elders and therefore can be useful partners in HCFA's information and education efforts.

Specific questions to be addressed by survey data include:

- What types and amounts of information are accessible to specific ethnic groups of API older adults and their family caregivers through the existing formal support system network?
- What is the current level and type of interaction between formal support system network and API ethnic communities with regard to services or health program information?
- What are the barriers that affect access to information for API communities?
- What formats and methods for information dissemination have been tried

and found most successful in reaching the specific ethnic groups of API older adults and their family caregivers?

- What recommendations would the formal support system network and the media have for HCFA in designing an information campaign that targets specific ethnic groups of API older adults and their family caregivers and improves information access?

Methodology

This section outlines the methods used in conducting information collection activities with regard to sampling, data collection, and analytic methods.

Sample

Informants were identified in Washington, Idaho, and Alaska who met at least one of these criteria:

- those with knowledge about and who provide services (Older Americans Act, health, financial assistance, and other social services) to older adults (Service Providers); and
- those who are bilingual and bicultural with the ability to read, listen to, and/or watch API language media in their communities (if available) and are aware of an array of information dissemination methods used in specific API ethnic communities (Key Informants).

A list was developed of organizations and contact persons within the formal support system that met these criteria (n=746). Targeted were communities where most API elders in each state are located (See Table 1).

Table 1. Target Community

State	*Community*
Alaska	Municipality of Anchorage
Idaho	Bonneville and Canyon County
Washington	King County Kitsap County Pierce County Snohomish County Spokane County Thurston County

From these lists a representative sample was drawn to include 15 respondents each in Alaska and Idaho, and from counties in Washington (n=138), 35 from King, 12 from Kitsap, 16 from Pierce, 15 from Snohomish, 15 from Spokane, and 15 from Thurston. The initial sample included government agencies, voluntary and proprietary organizations that broadly represented various Older Americans Act, health, and income assistance programs for older persons, as well as from the mainstream and ethnic media (Yee & Shin, 1999). Also identified were community-based organizations that provide formal and informal assistance to API elders and family caregivers. Due to the urban, suburban, and rural nature of the communities surveyed, the same types of organizations (e.g. Social Security Administration or Information & Assistance Office) were selected across all communities. As well, due to the range of services available that target older persons among study areas, different types of organizations (e.g. nutrition sites, API civic or mutual assistance associations) were selected.

From the initial sample of 138 respondents, 38 bilingual and bicultural key informants from API communities were identified. Individuals were identified from Filipino, Japanese, Chinese, Korean, Laotian, Vietnamese, Cambodian, Indian, Pakistani, and Pacific Islander communities in Washington where the API ethnic communities are larger and visible. In Alaska and Idaho similar API respondents could not be identified.

When candidates from the initial sample were contacted to establish their willingness to participate in the survey, respondents from Washington were more receptive to and understanding of the study purposes compared to those from Idaho or Alaska, where smaller API populations reside. Response rates were quite high because the nature of the information sought was based on the experience of respondents more than on service or other data that might not be accessible to the respondent. Where those initially contacted did not feel they were the appropriate respondent and declined to participate (n=35), we requested a referral to another person who would have the information or experience base to inform opinions about information access or needs of API elders for particular information dissemination approaches. When a referral was provided, that person was contacted.

Several respondents opted to complete the survey instrument by hand and fax or mail them rather than be interviewed. In these cases, where items were unclear or incomplete, a follow-up call was made. Two surveys were received too late to be included in this analysis.

Survey respondents (n=101) include 3 from Alaska, 8 from Idaho, and from counties in Washington (n=90), 30 from King, 13 from Kitsap, 12 from Pierce, 11 from Snohomish, 13 from Spokane, and 11 from Thurston. Affiliations of respondents included service providers that are government or community organizations (n=94), media contacts (n=7), and bilingual and bicultural key informants (n=32). Several respondents are included in more than one of these classifications (see Table 2).

Table 2. Respondent Profile

State	*County*	*Number of Respondents*	*Service Provider*	*Media*	*Key Informants*
AK	Anchorage	3	3	0	0
ID	Bonneville/Canyon	8	8	0	0
WA	King	30	27	3	20
	Kitsap	13	13	0	0
	Pierce	12	11	1	4
	Snohomish	11	10	1	4
	Spokane	13	12	1	2
	Thurston	11	10	1	2
Total		101	94	7	32

A comparison of mainstream and ethnic-specific organization respondents show that almost all ethnic organizations were from the Puget Sound counties in Washington. No ethnic organizations were in the Alaska or Idaho samples. Almost all non-responses were from mainstream organization respondents. Ethnic organizations responded to every question. The varied pattern of non-responses among the majority of mainstream organizations led us to conclude that a comparison of mainstream organizations and ethnic organizations would not yield reliable findings. The table showing the number of mainstream and ethnic-specific organization respondents is provided primarily to demonstrate that the study sample represents perspectives from both types of organizations. Of 94 service provider respondents, 68 (72 percent) were mainstream organizations and 26 (28 percent) were API ethnic organizations, including refugee assistance agencies. Of seven media respondents, four were mainstream media and three were ethnic media. (See Table 3)

Table 3. Main Stream and Ethnic Organization and Media Profile

State	*County*	*Main Stream*		*Ethnic*	
		Service Provider	Media	Service Provider	Media
AK	Anchorage	3	0	0	0
ID	Bonneville/Canyon	6	0	2	0
WA	King	8	0	19	3
	Kitsap	13	0	0	0
	Pierce	8	1	3	0
	Snohomish	9	1	1	0
	Spokane	12	1	0	0
	Thurston	9	1	1	0
Total		68	4	26	3

The 32 key informants were knowledgeable about twelve API language resources. Of the 32 key informants, four were proficient in two API languages (See Table 4).

Table 4. API Languages Represented Among Key Informants

Language	*King County*	*Other Counties*	*Total*
Chinese	5	2	7
Filipino	4	1	5
Japanese	1	0	1
Korean	2	4	6
Vietnamese	2	4	6
Lao	2	2	4
Cambodian	2	0	2
Samoan	1	0	1
Pakistani	1	0	1
Indian	1	0	1
Thai	0	1	1
Hmong	0	1	1
Total	21	15	36

Data Collection

Respondents were contacted by telephone to inform them of the purposes and scope of the survey and to ascertain their willingness to participate. Confidentiality of respondents was assured. To maximize the response rate, a copy of the survey instrument was provided so that respondents could see the scope of questions prior to the interview and have an opportunity to reflect on question content.

The survey instrument was field tested by the principal interviewer from the sample contact list. Five interviews that included two ethnic organizations, two mainstream organizations, and one ethnic media were conducted in King County, Washington. Three of the five respondents were bilingual/bicultural key informants. Minor revisions in wording and skip pattern were made as appropriate. The following table shows the skip pattern used in the survey. (See Table 5)

Table 5. Analysis of Skip Patterns by Questionnaire Item

Question	*Service Providers*	*Key Informants*	*Media*
1-11	X	X	X
12-14	X		X
15-22	X		X
23-25	X		
26-29	X	X	X
30-33	X		
34-38		X	
39-42		X	X
43-48	X	X	X

Data collection was accomplished over a three-week period. Telephone interviews were up to an hour in length. Twenty-two percent or 20 of the 90 respondents from Washington and 45 percent or 5 of 11 respondents from Idaho and Alaska chose to complete and mail in the survey, a response method they felt would be a better use of their time. The principal interviewer was involved in instrument development, therefore no further orientation on the survey purposes, instrument, or approach to respondents was needed. A review of data collection protocols occurred, as well as close monitoring of data collection and preparation processes. A second staff person and two volunteers (graduate students) conducted a small number of interviews. They received orientation from the principal interviewer. Interviews were conducted in English.

The data collection instrument (Appendix A) includes a combination of close and open-ended questions. Sections include questions about (a) the respondent's organization, (b) the respondents knowledge of API elders served by their organization and the concerns or problems of API elders, (c) the level of interaction between ethnic API communities and various types of formal organizations/service systems, (d) the effectiveness of API language media for information dissemination, and (e) respondents' suggestions for government (Medicare and Medicaid) information campaigns.

Analytic Approach

Data was prepared for analysis by entering written responses from instruments onto spreadsheets. Where possible, responses were reduced to variables with numerical values. Where appropriate, text was entered to facilitate content analysis across cases. Data were summarized using univariate descriptive statistics where appropriate for all cases, as well as by State or County, as appropriate. The unit of analysis is the individual respondent. Each respondent was asked to respond with regard to API ethnic specific group information. Large numbers were only able to provide information on API ethnic groups in the aggregate, thus the category "APIs general" is used. Where ethnic-specific responses were provided, they are reported. No respondent answered a question using both "API-general" and ethnic specific categories. Responses reflect an inability of mainstream organizations to respond with ethnic-specific data unless they were only serving one or to ethnic populations. Most respondents represented an organization. Few organizations had more than one respondent where there were several bilingual/bicultural staff members from different API ethnic groups, or where there were multiple programs in a single agency.

Findings

The following describes the responses of the study sample (n=101). Some questions in the survey are not addressed because they yielded limited data. Due to the variation in familiarity with and density of Asian and Pacific Islander elder populations among respondents' communities, and the large number of multiple response items in the survey instrument, the number of non-responses are also noted. Percentages are not noted because the sample size is approximately 100 and proportions are close to the number of responses. Where multiple response items are reported, the proportions reported are for the number of responses (usually larger than 101) unless otherwise noted.

Respondent Information

Among respondents, 52 were from private nonprofit organizations, 42 from public or government agencies, and seven from private for-profit organizations. Three-fourths of the organizations provided services to persons of all ages, including older persons. Thirty-two API community respondents were proficient in Chinese (n=7), Tagalog or another Filipino dialect (n=5), Japanese (n=1), Korean (n=6), Vietnamese (n=6), Lao (n=4), Khmer (n=2), Samoan (n=1), and other API languages such as Hmong, Hindi, or Pakistani (n=4). Respondent organizations provided an average of 4.5 products or services. Table 6 lists the number of times specific services were mentioned as being provided and their proportion of the total number of mentions (n=456). Only one respondent declined to mention what services their organization provided.

Table 6. Products & Services Provided by Respondent Organizations

Service	*n*	*%*	*Service*	*n*	*%*
Adult Protection	8	2%	Nutrition (Congregate, Home delivered, Food Bank)	22	5%
Case Management	39	9%	Activities	23	5%
Information and Assistance	59	13%	Volunteer	33	7%
Mental Health Counseling	14	3%	Interpreter	30	7%
Health Education/Promotion	24	5%	Financial	12	3%
Health Insurance Counseling	12	3%	Legal	7	2%
Public Health Care	5	1%	Home Maintenance	7	2%
Medical Clinic	5	1%	Emergency (shelter, clothing)	2	<1%
Dental Care	3	1%	Housing	9	2%
Adult Day Health Care	10	2%	Long Term Care Facility	6	1%
Home Health Care	6	1%	Employment	15	3%
Homemaker/Respite/Chore	17	4%	Transportation	19	4%
Companion	9	2%	Media	9	2%
Education	26	6%	Other	25	5%
Hospital	0				

Respondent organizations also served varied geographic areas and jurisdictions (see Table 7).

Table 7. Geographic Area Served by Respondent Organization

Area	*n*	*Area*	*n*
National	3	County	17
State	10	Neighborhood	5
Regional	17	Service District (catchment area, jurisdiction)	4
City/Municipality	43	Other (IRA, Principality)	2

API Elders Served

Fewer than 10 respondents were able to estimate the size of API populations in their service area. Table 8a shows the number of respondents reporting services provided to older APIs. Table 8b shows the number of respondents who reported the proportion of APIs served who had Medicare and/or Medicaid insurance, and who needed language assistance. Organizations targeting specific language groups were more often able to provide populations numbers for specific API ethnic group, otherwise respondent estimates were provided for groups in aggregate, or "APIs-general". Data reflect multiple responses; responses do not total 101, nor do proportions total 100%.

Table 8a. Number of Respondents Serving Older Adults

Ethnicity	*65+*
APIs – general	46
Chinese	15
Filipino	12
Japanese	14
Korean	13
Vietnamese	11
Cambodian	8
Pacific Islander	11
Other API	23
No Response	30

Among respondent organizations reporting that they serve all APIs in their service area, 46 mentioned this included API elders 65 and over. Of these, 14 estimated that on average about two-thirds of API elders they served had Medicare insurance, 27 estimated that on average two-thirds of API elders they served had Medicaid insurance, and 14 mentioned that almost half needed language assistance when getting services from their organization. It appears that most organizations, except those serving Koreans, Vietnamese, and/or Pacific Islanders serve elders who are eligible for both Medicare and Medicaid. Among Korean, Vietnamese, and Pacific Islander communities, a higher portion of Medicaid consumers are served (compared to Medicare). This reflects an active need for affordable medical care in the absence of Medicare eligibility. Among organizations reporting that "other API" served are more likely to have Medicare than Medicaid, this may reflect elders whose incomes are above the Medicaid eligibility threshold, that is, are among those with modest income. An example is military retirees who were born in Guam. Table 8b also shows that Korean and Vietnamese elders are more likely to be English proficient: only a third who receive services need language assistance compared to a half or more among all other API ethnic groups. This finding is unexpected since large numbers of Korean elders in the Puget Sound area and Vietnamese overall are relatively recent arrivals to the U.S. and have not had many opportunities to learn English (Yee, Rose, & Bostock, 1999).

Table 8b. Description of Older Adults Served

Ethnicity	*% on Medicare*		*% on Medicaid*		*% Needing Language Assistance*	
	# of responses	Average response	# of responses	Average response	# of responses	Average response
APIs – general	14	64%	27	65%	14	47%
Chinese	15	74%	15	65%	13	83%
Filipino	9	68%	9	61%	9	88%
Japanese	10	76%	10	73%	9	50%
Korean	11	40%	12	65%	10	32%
Vietnamese	10	22%	10	58%	9	31%
Cambodian	8	78%	8	78%	8	74%
Pacific Islander	8	39%	8	66%	8	54%
Other API	34	64%	13	34%	1	90%
No Response	31		38		59	

Respondents unable to provide estimates of API elders served by their organization were from these geographic areas: almost all respondents from Idaho (n=7) and none in Alaska. Among counties in Washington, nonrespondents included four in Thurston, eight in Spokane, eight in Snohomish, one in Pierce, none in Kitsap, and two in King.

Respondents mentioned that the ways in which API family members helped their elders included providing or sharing housing, representing their elder family member, and providing interpreting or translating, transportation, and financial assistance (see Table 9). Almost a third of survey respondents were unfamiliar with ways that API family members assisted elders (n=31). They included six in Idaho, two in Alaska, and among counties in Washington State, they included three in Thurston, five in Spokane, six in Snohomish, three in Pierce, one in Kitsap, and five in King.

Table 9. Ways Family Members Assist Elders	*Count*
Provide language assistance (interpretation, translation)	16
Represents elder, speaks on elder's behalf	21
Provides transportation assistance	15
Helps with appointments (making calls, escorting, reminders, etc.)	9
Provides or shares housing	22
Explains things (e.g., how health system works)	2
Provides financial support	16
Provides care and assistance	13
Many ethnic groups are active in religious community where they get help	5
Other (social needs, elders reluctant to seek help, family members need language assistance themselves, poverty, adult children are unavailable because they need to work, need help with food, etc.)	43
No Response	31

Respondents were then asked to rate the extent to which API elders and their family caregivers experienced various social and economic problems thought to impact access to services. A six point rating scale was used with 6 indicating problems experienced by "almost all" and 1 indicating problems experienced by no API elders. Table 10 lists responses rated 5 or 6 by number of mentions and percent of total mentions (n>101 and proportions total more than 100%). Across all responses, lack of information, poverty, language, loneliness, and transportation were rated as the five most pressing problems experienced by API elders. For elders who are generally ambulatory, these five issues contribute largely to their sense of isolation and inability to address their problems, identify options, and make choices that resolve problems. The sixth through ninth among the top ten pressing problems appear to reflect concerns compounded by isolation, decreased independence, and (perhaps) debilitation due to chronic health conditions.

Poverty was rated highly and frequently as a concern for API elders in most Washington counties, with the exception of Spokane. Disability and illness were rated as greater concerns among API elders in Thurston and Pierce Counties. Respondents in King County more often rated loneliness/isolation and lack of contact with family as a concern among almost all API elders than respondents in the other geographic areas. In King County with perhaps the best availability of language and service availability of the areas studied, this might reflect concerns arising from the higher incidence of elders living alone (Yee et al., 1999).

Further, with the exception of Spokane County, respondents in all areas reported a lack of information as a major concern. Housing concerns were rated higher among respondents in Snohomish and King Counties. These variations may be influenced by the nature of service availability, industry/local economy, and geographic location of respondent organizations.

Table 10. Ranking of Problems Experienced by API Elders

Problems Experienced by API elders& family members	*Experienced by almost all API Elders (rated 5 or 6 on a 6 pt scale)*		
	n	*%*	*Rank*
Lack of information about services	39	58%	1
Poverty	33	47%	2
Language	28	42%	3
Loneliness/Isolation/Bereavement	27	42%	4
Transportation	26	40%	5
Ill-health	23	33%	6
Disability	20	30%	7
Lack of access to health care	16	25%	8
Housing	12	19%	9
Illiteracy	11	18%	10
Lack of Family Support	8	12%	
Nutrition	7	11%	
Abuse	2	3%	
Others	11		
No Response	31		

Respondents were then asked how their programs responded to the problems identified when providing services to API older persons and their family caregivers. Table 11 lists and ranks the responses by number of mentions. The most common responses among all respondents were that their organization makes service referrals, followed by providing information to elders about services that would meet their needs. For problems more central to the organization's focus, agencies hired bilingual staff, recruited or arranged for interpreters to assist, and possibly developed bilingual materials.

In Alaska and Idaho, the most common response was to make service referrals and provide information to elders about services that would meet their needs. In Thurston and Spokane counties in Washington, respondents more often mentioned the use of interpreters. In Snohomish county, bilingual staff and materials were utilized. In Pierce, Kitsap, and King counties it was most common to provide service referrals and information to elders about services.

Fewer than a tenth mentioned service expansion, initiatives among public agencies to partner with ethnic community-based organizations, or improvements in organization outreach or marketing to API elders. A fourth of the sample declined to respond to the question. By geographic area, they included four in Idaho, two in Alaska, and among Washington counties: five in Spokane, three in Snohomish, seven in King, one in Pierce, none in Thurston, and two in Kitsap.

Table 11. Responses to Problems Faced by API Elders

Responses to Problems	*Count*	*Rank*
Make service referrals	31	1
Provide information & training to elders	28	2
Hire bilingual staff to assist limited English speaking elders	22	3
Recruit or arrange for interpreters	18	4
Develop bilingual written materials to hand-out	12	5
Expand services designed for API elders	9	
Public agencies partner with API community-based organizations	8	
Conduct planning and improve outreach efforts	7	
Other (e.g. work with families, provide discounts as a marketing mechanism)	22	
No response	24	

Interaction between API Communities and Service Systems

Respondents were next asked to share their perception of the "level of interaction" between API community groups and various types of formal or non-API service organizations. The interaction was scored as High=1, Medium=2, or Low=3. Scores were counted and averaged across responses. Table 12 displays the number of responses and the average score. More than a third of the respondents reported that interaction for API groups overall was medium or lower (score ≥2.0) and contact with health care providers was slightly higher (score=1.8).

While a fifth of respondents estimated interaction between Chinese and public, for profit, and health care agencies to be about medium (score range: 2.1 to 2.3), interaction with voluntary agencies was higher (score=1.9). This pattern holds for Korean, Vietnamese and Cambodians. The best scores among all ethnic groups and areas was for levels of interaction between Filipino communities in King County with public agencies (score average=1.6; n=11), voluntary agencies (score average=1.5; n=11; health care providers (score average=1.3; n=10), perhaps due to their relatively higher levels of English proficiency. Other best scores (1.0) were reported for interaction with voluntary agencies among Koreans in Snohomish county (n=3), among Cambodians in Pierce county (n=4).

The lowest score (score=3.0) for interaction with public agencies was noted for Chinese in Kitsap (n=3) and Pierce Counties (n=3), for all API in Spokane County (n=4), and other API in Pierce (n=2) and King Counties (n=4). The lowest score (score=3.0) for interaction with voluntary agencies was noted for Japanese in Pierce County (n=2). The lowest score (score=3.0) for interaction with proprietary agencies was noted for Cambodians in Kitsap (n=3) and King Counties (n=4), Pacific Islanders and other API in King County (n=5).

Overall, relatively higher interaction levels (score range: 1.4 to 1.9) were reported between voluntary agencies and more visible API ethnic elder groups (i.e. Chinese, Korean, Vietnamese and Cambodian). These may be due to the presence of ethnic organizations specifically focused on the needs of limited English proficient elders. The lowest interaction levels were reported between Cambodian and Pacific Islander communities and for profit agencies, as well as between Cambodian, Pacific Islander and "Other API" with public agencies. Perhaps because their numbers are small, they are less visible to these providers, and they are difficult to target.

Table 12. Interaction between API communities and Service Organizations

Ethnic Community	*Public Agencies*		*Voluntary Agencies*		*For Profit Agencies*		*Health Care Providers*	
	n	Avg. Score	n	Avg. Score	n	Avg. Score	n	Avg. Score
APIs - general	38	2.2	40	2.0	32	2.2	38	1.8
Chinese	21	2.3	21	1.9	11	2.2	18	2.1
Filipino	26	1.8	25	1.7	16	2.1	24	1.8
Japanese	19	2.3	19	2.0	10	2.2	15	1.9
Korean	22	2.0	25	1.8	16	2.2	21	2.0
Vietnamese	26	2.0	23	1.9	17	2.5	24	2.1
Cambodian	19	2.1	20	1.9	12	2.8	17	2.2
Pacific Islander	17	2.1	17	2.3	9	2.7	14	2.4
Other API	8	2.8	10	2.6	9	2.4	8	2.3

Effectiveness of API Language Media for Information Dissemination

In targeting "hard to reach" API groups about health or non-health related services or products, respondents were asked to indicate what types of API community/ language media had success in getting information to ethnic communities. Health services included information about Medicare, health insurance, health insurance counseling, medical services, or managed care. Non-health related information included Aging services, AAA, home and community-based services, other community services such as transportation, interpreters, housing, etc. A scale of one (not used at all) to 6 (very successful) was used to rate the success of the methods and specified language media in the respondent's market area. Table 13 lists the number of times each media was mentioned and the rating given for specific API language media used to convey health and non-health service oriented information.

Table 13. Use of of API Language Media for Health and Non-Health Information

Media Type	*API Ethnic Groups (# of responses)*										*Health* (rating)	*Non-Health* (rating)	sum	rank
	all API	Chinese	Filipino	Japanese	Korean	Vietnamese	Khmer	Samoan	Guamanian	other API				
Family	19	6	8	4	9	8	5	2	1	10	4.47	4.08	8.97	1
Friends	19	6	7	4	9	9	5	2	1	10	4.39	4.42	8.82	2
Word of Mouth	17	8	5	2	5	5	1	3	2	6	4.25	4.46	8.71	3
Others	7	4		1	5	7	4			15	4.21	4.38	8.60	4
In Person	8	3	3		5	5	3	2	1	5	4.10	4.35	8.45	5
Newspaper	1	9	1	1	5	5	1			1	4.33	4.08	8.42	6
Newsletter	2	4	3	1	5	3				3	4.20	4.33	8.53	7
Radio		1	1		2	2					3.80	4.00	7.80	8
Religious Group	10	4	5	2	5	5	1	3	2	6	3.67	3.92	7.58	9
Telephone	3	2	2		3	5	2			2	3.70	3.40	7.10	10
Television		1	1	1							3.67	3.00	6.67	11

Responses show that newspapers are more available to Chinese elders, somewhat available for Korean and Vietnamese elders, and marginally available for Filipino, Japanese, and Cambodian elders. Study respondents were unable to comment on the availability of community or language media for Samoan, Guamanian and other API elders. Informal and personalized methods for conveying information were mentioned more often than conventional mass media such as radio, television or newspapers. As expected, mass media that are available are present in the API communities that are established and larger in size among study areas.

Ratings of the success or effectiveness of various media/methods for getting information to API elders appear similar for health and non-health types of information. While newspapers and newsletters were rated almost as highly as informal personalized methods (in person, word-of-mouth, family, friends, others), much appears to depend on the availability of these media. The small television "market" for API language programming in the States studied appears consistent with ratings for television as less effective way API language information is provided to API elders. In the various Washington counties of King, Kitsap, Pierce and Snohomish, in person, word of mouth, family, friends and others were the sources of information rated the best as information sources. These same methods, however, were rated the least successful in Thurston County, where respondents rated newspapers and newsletters as the best information sources for API elders. These methods were also rated highly in King, Pierce and Snohomish counties. In Alaska and Idaho, word of mouth was the only method cited by respondents.

Few examples of successful information or marketing campaigns targeting a "hard to reach" API group were provided by respondents (Table 14). The "all API" responses may in part be based on multilingual respondent assumptions that advertisement campaigns if done in one language were probably available in other API languages. In fact, Table 13 shows few mass media outlets (print or electronic) available in API languages for the communities studied. Of examples provided, long distance phone service was identified as the most successful product marketed to API ethnic groups. One organization was contacted to translate written material, four were contacted about providing a service or conducting a specific program, and fifteen had other contact related to discounts for use of a product, product/service marketing or endorsements. Respondents in Thuston, Spokane, and Snohomish counties did not identify any examples, nor did respondents in Alaska and Idaho.

Table 14. Successful Information/Marketing in API Languages

Description	*Language*
Long distance phone service	2-Korean,1-Khmer, 2-Chinese, 6-all API
Travel Agency	1-all API
Personal sales (in the home)	2-all API
Health products or services	3-all API
Other	7-all API

Suggestions

Next, respondents were asked to suggest culturally competent method(s) that a government agency might consider to effectively distribute information about Medicare and rights and protections to the API community in their area. Table 15 summarizes open-ended responses. Almost twice as many respondents encourage the government agency to work with API community religious and civic organizations (i.e. church or religious organizations, family associations , citizens leagues) and to collaborate with API organizations (i.e. religious, civic or voluntary organizations that receive funds or raise funds to provide services to API older persons) compared to the respondents who suggest that materials be translated and disseminated or that the government agency work with API language media. With the exception of Spokane county in Washington, respondents in all other counties suggest collaboration with API community based organizations. Spokane respondents suggest that materials be translated and disseminated. Spokane, Snohomish and Pierce counties also suggest that government agencies should work with API language media or an API spokesperson to get their message out. In Alaska and Idaho, among various suggestions, the preference appears to be that government agencies work with API community religious and civic organizations.

The difference in these varied responses may be due to perceptions of government agency capabilities and reach. The translation of materials into about seven distinct API languages and contact with API language media requires a high level of literacy and language competence by staff. A third type of response: to contact API community leaders and to have an API spokesperson carry the [government agency] message appears consistent with the first two types of responses. Few respondents suggested that the government agency hire bilingual staff to develop materials in-house or to conduct direct mailings to API elders. These last two suggestions rely on a high density of API ethnic populations, consistent demand to conduct outreach, information and education campaigns in API languages, and an identified and maintained mailing list. About one in five respondents did not respond to the question.

Table 15. Suggested Methods Government Agency Information Dissemination

	Responses
Work with API community religious and civic organizations	41
Collaborate with API community based organizations	40
Translate material and disseminate it	22
Work with API language media	21
Contact API community leaders; have an API spokesperson carry your message	19
Hire bilingual staff to develop materials and conduct outreach from the Agency	7
Do direct mailing to API older persons	4
Other	6
No Response	19

Respondents were also asked to assess how or whether different strategies would need to be considered to reach and inform/educate Medicaid or dual eligible API elders. There were only eleven responses to this question. Three respondents mentioned outreach strategies that might involve schools. The rationale appears to be linked with the notion that many elders live with adult children and provide care for school-age grandchildren. Efforts to reach these families about services for elders might be effective where teachers and school officials are aware of such caregiving and intergenerational patterns, especially since it would be likely that elders would rely on the judgment and assistance of adult children in considering health care, financial and other important decisions. One respondent mentioned involving community health districts or local public health personnel in identifying and reaching dual eligible elders. This suggestion may be associated with outreach and health workers in these agencies who might be familiar with health care needs because of their contact with elders as part of their health promotion, disease prevention, and health surveillance duties.

Finally, respondents were asked to mention other areas of concern that were not addressed elsewhere in the survey. Almost half (n=47) of the respondents raised local, agency, and ethnic-specific issues. Comments considered the most interesting and salient are provided as examples. While some comments reflected support of efforts to improve service delivery and efforts to serve all persons in a service area, some respondents felt these issues were not theirs to address or untangle. As well, comments reflect experiences among some organizations that many financial and social issues were connected: issues for elders, younger adults as well as 'aging,' 'mental health,' 'substance abuse' for example, were linked. This is a partial list of comments made:

- The citizenship and naturalization process is difficult for refugees, especially seniors. Learning English is incredibly important for all age groups.
- Our County has a very small API population and we have none participating in our programs. We have interpretation services available.
- Our [agency] needs more information on how to provide culturally competent services; we want to be effective serving all ethnic populations. (6 mentions)
- The [Health Insurance Counseling agency] has a problem of being "not welcoming" to APIs or Hispanics so I am trying to find out if there is "subtle racism" involved.
- Most bilingual people are working so they can't volunteer.
- [The] biggest challenge is setting up separate services in populations that are small in number.
- We need more funding for ethnic programs (more than 12 mentions)
- Chinese elders sometime won't tell doctors the entire truth about a health problem but will tell Chinese community organizations.
- Issues such as drug and alcohol substance abuse, mental health, depression are hidden problems even among the older people.
- I don't see where or how this survey affects me. I don't separate the elderly, they all have the same problems and same solutions. If APIs have been in the US for two or more years, they should learn and understand English. The language barrier should resolve itself. Why should medical providers provide interpreters for APIs?

- It's a military/navy community with a large Filipino or Korean population. Filipinos are more visible and organized. (about six mentions)

Conclusions

This section summarizes study findings and draws conclusions about the ways in which a government agency might successfully provide information to underserved vulnerable populations, particularly API older persons in the States of Alaska, Idaho and Washington. Findings might also inform ways that organizations could strengthen and extend efforts to effectively inform API older persons about services and products as well as improve service access.

Study Limitations

The purpose of this study is to conduct an environmental scan of three States in the Pacific Northwest to assess the ways in which media and other information methods have been effective in supporting program, outreach, and other functions in the provision of services and products for API older persons. The largest study limitation is the absence of a randomly selected sample. Communities as diverse as Alaska, Idaho, and Washington, and ethnic groups as varied as Chinese, Koreans, Cambodians, and Pacific Islanders present challenges in (a) identifying the universe of potential respondents, and (b) selecting those most informed relative to the issues addressed by the study. Some respondents were highly informed, especially among the 32 API informants (some of whom spoke more than one API language as well as English). Other respondents were marginally informed, stating they were unable to answer several of the questions and that the numbers of API older persons in their service area did not warrant specific attention. Overall, the study sample appears to represent diverse perspectives and the range of interests in the study's focus.

A second study limitation is the under-representation of respondents from proprietary businesses that successfully reach older API persons with media and other market techniques. In the targeted States, other than products nationally sold and marketed (i.e. long distance telephone service, API language newspapers), few proprietary organizations were identified. This study does, however present the views of most leaders in a representative set of aging services organizations in the Pacific Northwest. The study was relatively successful in reaching organizations providing a wide array of services and a mix of public, voluntary, and proprietary organizations, in obtaining perspectives from a full range of API language speakers, and in surveying respondents from areas with larger API populations in the three States.

A third study limitation is the small sample size. While the sample is adequate for the exploratory nature of the project, small sample sizes limits comparisons between Alaska, Idaho, and each Washington county.

Assessment of API Service and Access Problems

Services provided to API older persons by respondent organizations suggest that they are reaching those likely to be 'dual eligible' or eligible for Medicare and Medicaid benefits. As well, non-API community organizations that reach Vietnamese, Cambodian, and Korean elders, appear to reach those who have been in the US the longest or who are among the more highly educated and able to speak English. And finally, a fourth of the respondents are ethnic service providers who primarily serve elders who are the least likely to speak, read or write English (largely located in King and Pierce counties in Washington).

In community meetings conducted by NAPCA over the last two years in Los Angeles County, Seattle, Philadelphia, Boston, Chicago, San Francisco Bay Area, and New York City, over 4,000 elders ranked lack of information about services, language barriers, access to health information, health services, and transportation among their most pressing concerns. In this study, respondent's perspectives of API elders problems were fairly consistent. The perspectives of respondents in this study closely mirror Capacity Building project findings, especially in the ranking of the top five problems: information, poverty, language, loneliness, and transportation. This study suggests that elders and service providers view getting information and service access as issues that need immediate action.

Interaction Between API Communities and Service Organizations

Perhaps not surprisingly, the interaction between API ethnic groups and various service agencies is quite low, even in King County where the largest concentration and proportion of API elders resides relative to areas studied. The most interaction for specific groups is reported where community-based API language service providers are established, particularly in King, Pierce, Kitsap, and Snohomish counties. An exclusive reliance on formal service agencies, whether public, voluntary, proprietary, or health providers, however, is likely to sustain the existing inadequate levels and types of information available and accessible to API elders. Consistent with other findings in the literature, it would appear that those elders who successfully get into a service system and successfully navigate language and other barriers are more likely to get additional information and be referred to other needed services. On the one hand, whether the referrals and information are enough to enable an API elder to access other services and service systems is unknown. On the other hand, it appears clear that service providers understand and attempt to meet commitments to provide an array of service information and make service referrals where appropriate.

Yet, for the most vulnerable, isolated, and possibly lowest income API elders, survey responses suggest that API community based organizations are most able to consistently reach API elders least able to access monolingual English 'mainstream' service and administrative agencies. Together with responses pointing to the efficacy of personalized and informal methods to convey messages (about Medicare or Medicaid programs, eligibility rules, and/or program protocols), study findings raise concerns about the accuracy and timeliness of information to meet the needs of API elders. Most API community agencies have small budgets and are funded for narrowly circumscribed services in the face of broad service needs among those they serve. Expert information beyond advising an elder to call "1-800-MEDICARE" to resolve a problem, when phone assistance is only in English, and when a limited English proficient elder has the burden of asking the right questions, may lead to vast amounts of frustration, misinformation and distrust of the "system" rather than the intended first positive steps by HCFA to be consumer responsive.

Use of API Language Media for Information and Education

Findings indicate that the most successful mode of information dissemination is through family/friends of API elders, then in-person and by word-of-mouth, then by newspaper and newsletter. Television, in the states studied is not viewed as an effective information modality. Radio appears as effective as contact through API religious organizations. Interestingly, telephone contact (which might include tele-marketing) was rated the lowest of the methods, even though these efforts were targeted to Chinese, Filipino, and Korean persons.

The first perspective the findings suggest is a trade-off between quantity (mass media that is available to the general public speaking that language) and quality individual-directed and personalized information and messages) in developing information and education campaigns. Messages are best understood because they are conveyed in the **context of API elder's life experiences** (Yee, 1999; Yee et al., 1999; Yee & Shin, 1999). Information dissemination methods filtered or interpreted and culturally translated by trusted and competent persons in an elder's social context appear to be more effective.

A second perspective the findings suggest is that conveying messages through **reliable messengers** who are known to and trusted by API elders is more effective than trying to convey an anonymous mass media mainstream message. This further suggests that efforts to 'arm' non-API trainers and outreach workers with multilingual material alone may be much less effective than pairing that worker with a community leader or member, even if that person is not an "expert" in the material content areas.

A third perspective the findings suggest is that work with API language media has real possibilities for success: particularly newspapers serving Chinese, Korean, and Vietnamese communities, and possibly those serving Japanese, Cambodian, and other API communities. As well, newsletters published and distributed by community based organizations and civic organizations in the Korean, Chinese, Japanese, Vietnamese, and Japanese communities are reported as viable resources. NAPCA's experiences with community based organizations and newspaper publishers affirms the notion that **relationships with newspaper and newsletter publishers** are the first step in building reliable vehicles for carrying messages. When an organization relies only on need-driven and crisis oriented opportunities to "use" publications to disseminate messages, the opportunities to develop specific, complex and multi-message information dissemination opportunities (i.e. more education oriented approaches) are lost.

Suggestions for Government Information Dissemination

Study respondents clearly suggest that government agencies involved in information dissemination consider approaches that involve partnerships with API community based organizations: service providers, civic organizations, and religious organizations. It is through such relationships that targeted translation and production of API language media materials might become feasible routes for successful dissemination. These steps do not preclude government agency efforts to hire bilingual staff to develop materials internal to the organization or to directly mail or phone API older persons, but because these last two suggestions appear best suited for large and dense API communities, they may work best only in selected API communities.

An issue not yet addressed is the challenge of working with multiple API communities, languages, and ethnic media infrastructures. Survey respondents and most people in the U.S. often use an 'either/or' perspective in responding to API concerns. They either aggregate the various API ethnic groups and attempt to treat them as a homogenous 'minority' or they select the largest or most familiar ethnic group and try to model service, policy or organization responses after what works with one of several ethnic communities. Neither of these approaches bodes well for success.

Work with API communities requires a commitment to accommodate the diversity within even this population in developing program, organizational and policy options that respond to needs. Similarly, the development of information and outreach or education campaigns needs to be ethnic specific. While there are some aspects of a campaign that can consider APIs in the aggregate, the specific materials and messages need to be community-specific. Just as purchasing power, education, residential location, family composition and other factors are used to segment the market to target particular consumers, so the API market is segmented, however it may not be segmented in the same way.

As stated in the first sentence of this document "little is known" about API elders. With regard to the development and successful information dissemination and education campaigns by a government agency like HCFA to protect the rights of and inform elders about their responsibilities as program consumers, much will be learned and more will be known by developing and piloting messages and information campaigns. There is no "one size that fits all" information dissemination approach nor media campaign that will work in all API ethnic communities without some attention to detailed variation.

Ideas, suggestions and concepts arising from this series of studies on vulnerable populations can be a fertile starting point for the design of pilot and demonstration projects as well as policy development relative to HCFA's information infrastructure. Starting from that perspective, HCFA should be better able to monitor its effectiveness and assess the outcome of their outreach and health care efforts for all program consumers, including API older persons.

References

Chen, M. S., & Hawks, B. (1995). A Debunking of the Myth of Healthy Asian Americans and Pacific Islanders. *American Journal of Health Promotion, 9*(4), 261-268.

Cox, C. (1987). Overcoming Access Problems in Ethnic Communities. In D. Gefland & C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 165-178). New York: Springer Publishing Company.

Cox, C., & Gelfand, D. (1987). Familial Assistance, Exchange and Satisfaction Among Hispanic, Portuguese, and Vietnamese Ethnic Elderly. *Journal of Cross-Cultural Gerontology, 2*, 241-255.

Lavizzo-Mourey, R., & Mackenzie, E. R. (1996). Cultural Competence: Essential Measurements of Quality for Managed Care Organizations. *Annals of Internal Medicine, 124*(10), 919-921.

National Asian Pacific Center on Aging. (1998). *Report on Progress: Community Based Capacity Building for Asian Pacific Islander Elders* . Seattle, WA: National Asian Pacific Center on Aging.

National Asian Pacific Center on Aging. (1999). *Report on Progress - Year Two: Community Based Capacity Building for Asian Pacific Islander Elders* . Seattle, WA: National Asian Pacific Center on Aging.

Tanjasiri, S. P., Wallace, S. P., & Shibata, K. (1995). Picture Imperfect: Hidden Problems Among Asian Pacific Islander Elderly. *Gerontologist, 35*(6), 753-760.

Tirado, M. D. (1996). *Tools for Monitoring Cultural Competence in Health Care* (Final Report for Office of Planning & Evaluation, Health Resources & Services Administration, HHS): Latino Coalition for a Healthy California, San Francisco, CA.

Yee, D. L. (1999). *Asian and Pacific Islander Elders in the U.S.: an annotated bibliography* . Seattle, WA: National Asian Pacific Center on Aging.

Yee, D. L., Rose, D., & Bostock, K. (1999). *Demographic Report on Asian Pacific Islanders in Washington, Alaska, and Idaho* . Seattle, WA: National Asian Pacific Center on Aging.

Yee, D. L., & Shin, A. (1999). *Asian and Pacific Islander Elders: a report on formal and informal support systems* . Seattle, WA: National Asian Pacific Center on Aging.

Appendix A: Study Instrument

National Asian Pacific Center on Aging (NAPCA)
Environmental Scan Phone Questionnaire

Initial Phone Introduction:

Hello, my name is ______________________________ from the National Asian Pacific Center on Aging (NAPCA). We are a national organization that advocates for the well being of Asian Pacific Islander elders in the U.S. My call today is to inquire about how your organization responds to requests for information or services by any of the Asian Pacific Islander (API) ethnic populations of elders in your service area.

We're making a series of calls to identify public and community-based "health and social support systems" in selected communities in Washington, Idaho and Alaska where API elders reside. We would like to ask you about services in your community that are available to API elders when they need help. The call will take about 30 minutes.

Is this a good time to talk or should I make an appointment to call you when it might be a more convenient time for this interview? I can mail you the survey questions in advance for your review along with information about why we're conducting this survey.

Can I get the name of your organization, program, your full name, title, address, phone #, fax #, and e-mail.

____

Introduction for Scheduled Phone Interview:

Hello, my name is ___________________________ from the National Asian Pacific Center on Aging (NAPCA). I'm calling about the appointment we made to talk about "support systems" services and resources for Asian Pacific Islander elders in your community. We're conducting these interviews as part of a contract for the Health Care Financing Administration. They want to better understand how API elders get information and use health and related services they need. We are particularly interested in issues for those who are limited English proficient. (*Did you have an opportunity to review the survey questions that we sent/mailed to you?) Do you have any questions?

* If copy of questionnaire mailed prior to phone interview.

I need to confirm your name, title, organization, program, address, and contact numbers.

1. Name: ______________________________ 2. Title: ______________________

3. Organization: ____

4. Program: ____

5. Address: _______________ 6. City: __________7. State: ___ 8. Zip: ___________

9. Phone: ____________ 10. Fax: _____________ 11. E-mail: __________________

For Community Key Informants only, skip to #26.

12. Please describe your organization type or program. *(Check all that apply.)*

Type	City	County	State	Federal	Private	Private/ Non-profit
Administrative						
Health Care						
Social Services						
Religious						
Media						
Other						

What products or services does your program provide to elders? *(Check all that apply.)*

Adult Protection		Education	
Case Management		Activities	
Information and Assistance		Volunteer	
Mental Health Counseling		Interpreter	
Health Education/Promotion		Financial	
Health Insurance Counseling		Legal	
Public Health Care		Home Maintenance	
Medical Clinic		Emergency (shelter, clothing)	
Hospital		Housing	
Dental Care		Long Term Care Facility	
Adult Day Health Care		Employment	
Home Health Care		Transportation	
Homemaker/Respite/Chore		Media	
Companion		Other	
Nutrition (Congregate, Home delivered, Food Bank)			

14. What kind of geographic area does your program serve? *(Check appropriate box.)*

National		City		Town	
State		County		Block	
Region		Municipality		Service District*	
Principality		Neighborhood		IRA (Alaska)	

*For example: Catchment area, jurisdiction.

15. Which API ethnic groups does your program serve?
16. Can you estimate the size/number of the API ethnic groups in your service area?
    17. How many (or %) are 65+?
    18. What percentage of the population you serve would you estimate are enrolled in Medicare?
    19. What percentage of the population you serve would you estimate are enrolled in Medicaid?
    20. What is their language capacity?
    21. What ways are family members available and how do they respond to elders' needs? (e.g. providing care, access to care, speaking on behalf of older person, etc)
    22. What other information do you have about the API older adults in your service area?

#15	#16	#17	#18	#19	#20	#21	#22
Ethnicity	Size or #	65+	% Medicare	% Medicaid	Language (% speak English, % need interpreter)	Family Support	Add'l Info.
APIs – general							
Chinese							
Filipino							
Japanese							
Korean							
Vietnamese							
Cambodian							
Pacific Islander (specify)							
Other API (specify)							

For Business/Media Informants only, skip to # 26.

23. On a scale of 1-6 (1=none, 6= almost all), how would you rate the API elders and their family members you serve who are affected by these conditions, barriers, or problems? *(Rate 1-6.)*

24. On the order of 1-6 (1=most important, 6= least important), how would you rank the impact of these listed issues in accessing information about health care benefits, rights and protection? *(Order 1-6.)*

Conditions	#23	#24	Conditions	#23	#24
Poverty			Lack of access to health care		
Disability			Nutrition		
Ill-health			Illiteracy		
Loneliness/Isolation/ Bereavement			Language		
Lack of Family Support			Housing		
Abuse			Transportation		
Lack of information about services			Others (specify)		

25. How does your program respond to API elders you serve regarding these issues?

____

____

____

26. Earlier we asked you about the ethnic communities that you serve. *(Refer to #15.)* What would you say is the "level of interaction" between those community(ies) that you serve with [and] public or government agencies? *(Check appropriate box.)*

Ethnicity	High	Medium	Low
APIs – general			
Chinese			
Filipino			
Japanese			
Korean			
Vietnamese			
Cambodian			
Pacific Islander (specify)			
Other API (specify)			

Please give examples or explanation:

____

____

____

27. What would you say is the "level of interaction" between those community(ies) that you serve with [and] charitable and non-governmental organizations? *(Check appropriate box.)*

Ethnicity	High	Medium	Low
APIs – general			
Chinese			
Filipino			
Japanese			
Korean			
Vietnamese			
Cambodian			
Pacific Islander (specify)			
Other API (specify)			

Please give examples or explanation:

28. What would you say is the "level of interaction" between those community(ies) that you serve with [and] the private sector? *(Check appropriate box.)*

Ethnicity	High	Medium	Low
APIs – general			
Chinese			
Filipino			
Japanese			
Korean			
Vietnamese			
Cambodian			
Pacific Islander (specify)			
Other API (specify)			

Please give examples or explanation:

29. What would you say is the "level of interaction" between those community(ies) that you serve with [and] health care providers in the community? *(Check appropriate box.)*

Ethnicity	High	Medium	Low
APIs – general			
Chinese			
Filipino			
Japanese			
Korean			
Vietnamese			
Cambodian			
Pacific Islander (specify)			
Other API (specify)			

Please give examples or explanation:

For Community Key and Business/Media Informants only, skip to #34

30. Have any health care providers in the community attempted to meet limited English proficiency and cultural competency issues and are they a good source of information to members of the community? *(Specify.)*

Provider Type	Describe Effort

In targeting "hard to reach" API groups in your community, what languages are the following methods available for:

31. Health related *(Medicare, health insurance, health access program (HICAP or SHIBA), medical services, managed care (doctor, hospital, Rx, home health, dentists, podiatrists, etc).*
32. Non health related *(Aging services, AAA, home and community-based services, other community services such as transportation, interpreters, housing, etc.)*

33. On a scale of 1-6 (1=not used at all, 6=very successful), please rate the success of each of the following methods in specified languages. *(Rate 1-6.)*

Methods	#31 Health Related (Indicate Languages)	#33 Rate	#32 Non Health Related (Indicate Languages)	#33 Rate
Newspaper				
Newsletter				
Television				
Radio				
Telephone				
In person				
Word of Mouth				
Religious Facility				
Family				
Friends				
Other				

Comments or explanation:

___

___

___

For Service Providers only, skip to # 43.

34. What languages do you read, write, and speak? *(Check all that apply.)*

Language	Read	Write	Speak
Chinese (Dialect)			
Filipino (Language)			
Japanese			
Korean			
Vietnamese			
Cambodian			
Pacific Islander (specify)			
Other API (specify)			

35. What media in your community communicate in the languages you read, write, or speak?

36. How many hours per day do you read, listen to, or watch that media?

37. What mainstream media and how frequently do you read, listen to, or watch?

Media	#35	#36	#37	
	Name (Ethnic)	Frequency (hours per day)	Name (Mainstream)	Frequency (hours per day)
TV				
Radio				
Newspaper				
Newsletter				
Magazine				
Other				

38. What would you say is the most striking difference between marketing in the ethnic media and the mainstream media besides language?

39. How would you obtain (have you obtained) needed information about health or nutrition services for API elders, including income assistance, food stamps, Medicare, or Medicaid?

40. When you are marketing your product or doing outreach *(advertising an upcoming event, letting people know about a service, having a membership drive, organizing a rally, etc.)* within your API community, what techniques do you find the most effective?

Methods	#39		#40
	Health Related Information	Non Health Related Information	Effective Marketing/Outreach
Newspaper			
Newsletter			
Television			
Radio			
Telephone			
In person			
Word of Mouth			
Religious Facility			
Family			
Friends			
Other			

41. Would you give an example of a successful information or marketing campaign that was targeted to a "hard to reach" API group within your area? *(List up to 3.)*

Description of Product/ Information	Company/ Sponsor	Where seen *(name/type of source)*	Language

42. Are you aware of any mainstream companies attempting specific marketing campaigns in an effort to sell products or services to the API community? *(List up to 3.)*

Description of Product/ Information	Company/ Sponsor	Where seen *(name/type of source)*	Language

43. Has a mainstream company ever contacted your organization in an attempt to partner in a marketing effort of some kind to the API community?

____

____

____

44. If the government were planning to disseminate information about Medicare and rights and protections to the API community in your area, what would you suggest as the best culturally competent method(s) to effectively distribute this information?

____

____

____

45. How would that differ if they were planning to reach the API community about Medicaid?

____

____

____

46. Are there other resources or organizations we should contact for additional information? (e.g. names of people, newsletters/newspapers, organizations). *(Identify.)*

Name: ______________________________ Title: ______________________
Organization: ____
Program: ____
Address: ________________ City: ____________ State: _____ Zip: ________
Phone: ____________ Fax: ________________ email: __________________

Name: ______________________________ Title: ______________________
Organization: ____
Program: ____
Address: ________________ City: ____________ State: _____ Zip: ________
Phone: ____________ Fax: ________________ email: __________________

Name: ______________________________ Title: ______________________
Organization: ____
Program: ____
Address: ________________ City: ____________ State: _____ Zip: ________
Phone: ____________ Fax: ________________ email: __________________

47. Are there other problems or conditions concerning the delivery of services that should be addressed? *(Identify.)*

____
____
____

48. Do you have additional comments or feedback regarding this survey?

____
____
____

Please send us your agency or program brochure, any annual reports or articles that might describe your work with API elders or other hard to reach populations. We can be contacted at 1-800-33-NAPCA for additional comments or questions. Thank you for your participation.

The National Asian Pacific Center on Aging

Establishing Information Infrastructure: a roadmap for assuring rights and protections of HCFA beneficiaries

Authors:

Donna L. Yee, Ph.D.
Yolanda N. Sanchez, Ph.D.
Alice Shin

Overview

The "Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations" was created by the Health Care Financing Administration (HCFA) to gain more knowledge about and be inclusive of special needs populations. Of particular interest were recommendations for a campaign to inform target populations of program beneficiaries about their rights and protections as consumers of Medicare and Medicaid in a culturally and linguistically competent manner.

This report is the final of a series that includes the following:

- An Annotated Bibliography of 752 citations from the published literature, largely between 1970 and 1998 on Asian American and Pacific Islander (API) older adults and health.
- A Demographic study that examines demographic characteristics of API elders (55 and older) residing in the States of Washington, Alaska and Idaho in order to outline the potential need for information by beneficiaries and service providers to better understand beneficiary rights and protections among API older persons.
- A Support Systems study that examines formal and informal support systems in API communities and develops a framework for understanding how an information network infrastructure might be identified and assess its utility for helping API beneficiaries better understand their rights and protections.
- An Environmental Scan that identifies and profiles the kinds of organizations that have contact with API elders and therefore can be useful partners in HCFA's information and education efforts. It demonstrates the utility of Support Systems in target States in assessing the usefulness of an information network infrastructure for providing information about Medicare and Medicaid beneficiary rights and protections.

As a work plan or "roadmap" for the Health Care Financing Administration (HCFA) that provides information on how best to establish information delivery networks for API populations, this document outlines strategies to

a) ensure that rights and protections information reaches those Medicare and Medicaid beneficiaries from the identified populations;

b) ensure that rights and protections assured through Medicare and Medicaid are understood by the identified populations;

c) enhance and strengthen beneficiary readiness to exercise their rights and protections;

d) provide additional help to those who require special assistance in making informed health care decisions and exercising rights and protections;

e) provide all necessary information and other assistance to those who support and advocate for the rights and protections of the identified populations; and

f) create a feedback loop to HCFA which promotes the identification and resolution of existing problems affecting the ability of beneficiaries to learn about and exercise their rights and protections.

The above studies, undertaken as part of this project and conducted by the National Asian Pacific Center on Aging (NAPCA), represent the first systematic review of community and service system resources that address information needs of API elders. Furthermore, this report suggests that a successful campaign to address information needs of API beneficiaries in HCFA programs will result in explicit commitments to assure that HCFA benefits are accessible and available to all API consumers. Finally, the report's recommendations ensure consistency with HCFA's mission to assure that all beneficiaries, including API elders, receive quality care, which results in optimal health care outcomes.

The first three sections of this report describe and summarize the findings of the Demographic, Support Systems and Environmental Scan studies. It then presents a Roadmap and provides examples of programs and initiatives needed to construct an information infrastructure that can be used to assure that API elders have information about their rights and protections as consumers of Medicare and Medicaid. A final section outlines and discusses actionable recommendations that use the Roadmap to launch an information campaign and to assist HCFA and related government units in preparing for the active participation of APIs as informed consumers of Medicare and Medicaid.

Demographic Study

The Demographic study (Yee, Rose, & Bostock, 1999) gives an historical overview of API populations in the US and analyzes 1990 Census data to provide a socioeconomic profile of Asian Pacific Islander (API) older persons in the States of Washington, Alaska, and Idaho. Across these three States, Asian and Pacific Islanders 55–64 years of age were about one half of API populations 55 and older. In 2000, the API population 65 and over will at least double. Increases in the number of API elders are likely to include more diversity among API ethnic groups, languages, and national origins among younger elders. Even with little or no additional migration in and out of these States among API elders 75 and older, by the year 2000 longevity gains are likely to result in the growth in numbers and proportions of 'older old' API elders nationally, as well as in Pacific Northwest States.

In these states, almost three of every four API elders are foreign born. Half have become naturalized US citizens, and half are not likely to understand when and how citizenship status might affect access to needed health and other services. Since the enactment of Welfare Reform in 1996 lack of US citizenship has taken on new meaning. This is particularly true for those living in the US more than 25 years, refugees arriving with few possessions and life experiences that include few marketable skills in the US, and for elders finally reunited with younger generations of their family.

In study states, reports of "not speaking English well or at all" was characteristic of respondents in the sample. Among the APIs 55 and over (in 1990), 7,700 of 20,079 in Washington, almost 500 of 1,280 in Alaska, and 175 of 604 in Idaho reported difficulty with language. This means that language will continue to be among the first barriers to independent living for many API elders. Accordingly, language assistance for API elders and service providers is necessary in order for API elders to understand and make informed decisions about health care and other challenges in old age. For almost two-thirds of API elders who report that they "speak English well" in these three states, many immigrated before 1965 or are US born. A large number of all API elders, however, reported speaking a language other than English at home.

Understanding Medicare and Medicaid is like another language. It is difficult to understand for all but the most English proficient of all API elders. Projects conducted by NAPCA and others involving service providers and elders themselves show that language is the first barrier to getting information about and access to services that meet their needs. NAPCA's Capacity Building Initiative reported that 80 percent of API elders speak a language other than English and 30 percent live in a household where no adult speaks English. An elder survey conducted by NAPCA of API elders in five different geographic locations in the US found that language access ranked highest as a problematic area (National Asian Pacific Center on Aging, 1998; National Asian Pacific Center on Aging, 1999). A study of language acculturation among older Vietnamese refugee adults indicated that the elderly had increased difficulty with language acculturation which effected activities of daily living such as shopping for food, applying for aid or calling the police/fire department in case of an emergency (Tran, 1990).

Labor force participation among older API workers in Washington, Idaho and Alaska was surprisingly low. Only half of those 55–64 years old in 1990 stated they were employed. Few stated they were unemployed. Half stated they were no longer in the workforce. In addition, the relatively high poverty and low income levels among certain ethnic groups (i.e., Southeast Asians, Koreans, and some Filipinos), suggests that a substantial portion of API elders enter 'old age' with few assets. While poverty rates among those 65 and older were at about the national average for all persons and APIs nationally (i.e., 12 percent), the aggregate statistic masks high poverty rates among Southeast Asians, Koreans, and some groups of Chinese and Filipinos.

Although Medicare is linked with receipt of Social Security for the majority of older persons in the US, a similar assumption about health insurance status cannot be made for most API elders. Among the API elders who do not receive Social Security income, it is highly unlikely that they have Medicare Part A or Part B. Obtaining insurance to make health care affordable, among these individuals is a challenge.

Most API elders without Social Security are poor and have low incomes, speak little or no English, and may not be US citizens. In Washington, this included 4,965 (41 percent) of 12,198 API elders, in Alaska 344 (55 percent) of 621 API elders, and in Idaho 168 (30 percent) of 560 API elders. Alternately, among API elders who received Social Security, about half had modest incomes (i.e., 200 percent above the Federal Poverty Level). Most of these elders reported "speaking English well." Almost all elders with modest incomes received Social Security compared to very small portions of poor elders. Additionally, poverty impacts the ability to reside independently. While high portions of API elders lived alone, this living arrangement occurred mostly among those with financial resources like Social Security income.

As Medicare and co-insurance programs increase in complexity, efforts among insurance counseling programs, such as Statewide Health Insurance Programs (SHIPs) to reach API elders with information about Medigap, Medicare+Choice, and Medicare beneficiary rights and protections are critical and urgently needed.

Census data are the most comprehensive data available on API elders, even though they do not specifically include health insurance coverage and health status information in detail (Mutchler & Brallier, 1999). Other federally sponsored national surveys of representative samples of older HCFA beneficiaries (e.g., Medicare Current Beneficiary Survey, National Long Term Care Survey, National Medical Expenditure Survey, and National Health Interview Survey) do not contain adequate sample sizes of API elders, nor do they identify API ethnic populations except as "others" (Karon & Capitman, 1992).

As the size and diversity of API older adult populations increase in the U.S., their **continued invisibility in HCFA data will result in dramatic problems with issue identification, interventions to target programs, and measurement of system and program effects, particularly related to information, care access, and service outcomes**. To improve on estimates of health insurance coverage and health status among older API populations, studies must identify and address access and service needs that use design and sampling methods which provide information on specific API ethnic groups. More systematic efforts by the Social Security Administration, the Health Care Financing Administration and other agencies need to focus on API populations in data collection, study design, and analyses.

Support System Study

The Support Systems Report (Yee & Shin, 1999a) examines formal support systems available to older adults in the States of Washington, Alaska and Idaho. In particular, it broadly explains provisions under the Older Americans Act (e.g., Information and Assistance, Case Management, Employment, Legal Assistance, Outreach, Transportation, In-home Chore or Personal Care) that are managed by State Units on Aging and Area Agencies on Aging. These networks offer a range of services that address the supportive health needs of older adults. As well, the report describes other government programs (e.g., Immigration and Naturalization Service, Social Security Administration, Department of Social and Health Services, Statewide Health Insurance Programs, Department of Veteran's Affairs) that also serve as points of access to various health, financial assistance, housing, and social support services.

Most notably, the Support System study describes informal support systems available to API older adults in study States. The heterogeneity of support systems within and among API communities is described for the larger API ethnic groups: Chinese, Filipino, Japanese, Korean, Southeast Asian (Vietnamese, Cambodian, Laotian), Asian Indian/ Pakistani, and Pacific Islander (Guamanian, Hawaiian, Samoan). Further, the study describes and discusses the larger API elder communities in the context of their density and the extent to which "service rich" versus "service poor" geographic locations affect support system resources. The study also describes efforts underway to bridge gaps between formal and informal services. Finally, recommendations for education or information outreach that attempt to increase access to affordable health care for API older persons are discussed.

Information and Assistance (largely an Older Americans Act program sponsored by Area Agencies on Aging) and SHIPs are the prevalent access points for information about services for older persons and information about rights and protections for Medicare and Medicaid beneficiaries—for English speakers. Language, cultural and geographic barriers preclude API elders from gaining access to these publicly funded programs, except (among study sites) in Seattle, where the Information and Assistance program includes bilingual staff whose language capacity is supplemented by contract arrangements with ethnic community based organizations that have specific language competencies. Barriers that are in part due to language differences, are a major factor in the lack of access to and availability of formal services for API older persons. Additionally, discussions with SHIPs and I&A offices indicate that API English speaking older persons likewise do not use information and assistance services, contrary to expectations if language were the only barrier.

NAPCA's Capacity Building Initiative (1997-2000) has consistently found that API elders across the US have concerns regarding poor access to and lack of available services (National Asian Pacific Center on Aging, 1998; National Asian Pacific Center on Aging, 1999). Moreover, the support available through informal networks of friends, families, religious groups, and ethnic organizations are not adequate to meet the needs of API older populations. Informal systems (or infrastructure), even in well established API communities, have undergone change in large part due to the different needs and resources of immigrant waves. Differences in the level of acculturation (i.e., ability to access English language services, service acceptability, and extent to which services meet the needs of API elders) among various API ethnic communities affects many aspects of the informal support system.

Many API cultures, influenced by Confucianism, exemplify "filial piety" or the act of having loyalty, respect and devotion to parents especially in their older years (Wu, 1975). While family members act as the main support for elders in an elder's country of origin, the support available from family members in the US can be limited. The level of existing family support in different API communities is affected by factors such as whether adult children are foreign born, immigration history and life experiences in the US for an API elder, English proficiency, the proximity and availability of formal services that are accessible, acceptable and affordable for the elder, and last but not least, labor market participation and child care responsibilities of female adult children who are expected to be caregivers for elders. Ethnic groups with a longer immigration history such as Japanese, Filipinos, Chinese, Koreans, or Asian Indians may be more 'acculturated' than newer emerging groups of Lao, Cambodian or Vietnamese, for example. Nonetheless, the low levels of participation among API older persons in formal service programs, even those that are affordable to those with few economic resources, point to an urgency to better understand and address the mix of language, cultural, economic and other barriers to service access and information. As well, it speaks to the apparent lack of availability, affordability, and acceptability of formal services that would support, supplement, and strengthen API informal support systems.

The Support System study provides examples of how several API communities have developed levels and types of community supports through social, cultural, and professional/trade organizations. As well, there is support from ethnic language media that provide useful community news on resources and events, promote cultural and language identity, and assist immigrant adaptation to American life.

The extent to which ethnic language and community media is established in the different ethnic communities varies and is dependent on immigration history (including interest in homeland news), community size, and how active they are as a community. Areas like King, Pierce, or Snohomish counties in Washington with relatively larger API populations are more likely to have a variety of community organizations and ethnic community media services than Idaho or areas with small API populations such as Anchorage. It is important not to underestimate the availability and reach of print and electronic ethnic language/community media to relatively isolated API communities. In Seattle for example many older monolingual literate persons read papers from New York City, San Francisco or Los Angeles markets. Additionally, some local cable stations air API language and ethnic community programs produced in non-Pacific Northwest markets where such programs have a national interest (e.g., Sinocast programs on Chinese language radio).

In addition to family, the role of religious organizations is significant in API communities. Especially for language isolated elders, they address social as well as spiritual needs. It must be understood, however, that API community religious affiliations vary. Koreans, Chinese, Filipinos and Pacific Islanders in the U.S. are more likely to be Christian while refugee communities of Lao, Vietnamese, and Cambodians are more likely to be Buddhist. Among Japanese, elders may observe either of the two religious traditions or Shinto. As well, while Asian Indian communities in the U.S. are often Hindu, Pakistani and Indonesian communities are generally Muslim.

The general lack or insufficiency of culturally competent formal services, and the limitations of informal support resources point to a glaring need for collaboration between the two support system infrastructures. Efforts should be directed at providing a comprehensive and relevant support network as API populations of older persons grow in numbers and proportion in the Pacific Northwest and nationwide.

Inclusion of each API ethnic population in local service systems is a challenge for formal support systems. Service providers in many, but not all communities with API elders are beginning to recognize the need to make programmatic and strategic commitments that recognize and respect racial/ethnic and cultural diversity as a core part of their community service systems. Identifying and being receptive to potential opportunities for improved service approaches that are appropriate to diverse groups is a first step and a way to sustain such commitments (Capitman, Hernandez, & Yee, 1991).

Sustaining the availability and capacity within an informal support system infrastructure of translators or interpreters who effectively convey technical information about services, service systems, and expectations about service quality in an understandable fashion, alternately, is a major challenge for informal support systems in each API community. In several API communities, older persons have not had the benefit of formal education and may not be literate in any language. Using technical terms is confusing. Available information about programs like Medicare and Medicaid needs to be understandable for all API older persons, particularly the most information isolated. **API elders who are not literate, for example, might benefit from information media that are not text, but are electronic audio or video formatted.**

There have been **successful collaborations between formal and informal support systems.** Service programs that serve API ethnic language populations in Cantonese, Mandarin, Toishan, Tagalog, Ilocano, Khmer and Vietnamese, such as Asian Counseling and Referral Services or Chinese Information Service Center in Seattle offer culturally competent community social and health services. In addition to providing some publicly funded services, they collaborate with other ethnic community professionals and paraprofessionals in other agencies. The success of programs like these can be used as models for collaborations involving Medicare education as well as collaborations involving senior centers and API community organizations in communities where API elders are less visible and have not participated in service programs.

As complex systems like HCFA recognize their own need to become culturally competent, particularly with respect to a vulnerable population like API elders, multiple strategies are necessary. These strategies include:

- First, conducting studies and collecting data on API beneficiaries that improve knowledge about API ethnic groups, their needs and life circumstances.
- Second, identifying best practices among various types of API informal and formal support systems as part of efforts to disseminate accurate and necessary information about API elder rights and protections under programs such as Medicare and Medicaid.
- Third, contracting and/or collaborating with API organizations as intermediaries or brokers to conduct information, education, and service access campaigns to help service systems take first steps toward cultural competence.
- Fourth, increasing efforts to utilize existing forms of ethnic media to reach target API communities as part of information dissemination on Medicare and Medicaid to increase the opportunities for API elders to become informed consumers.

Environmental Scan

An environmental scan of Washington, Alaska, and Idaho was conducted to assess ways in which media and other information methods have been effective in supporting program, outreach, and other functions in the provision of services and products to API older persons (Yee & Shin, 1999b). The study is important in establishing how information media might be useful to HCFA's information and education efforts. The study, a telephone survey, assessed current information resources and identified information dissemination opportunities that might mediate the lack of accessible information for API elders on Medicare and Medicaid programs as well as on beneficiary rights and protections.

Key informants were identified in communities with larger API elders populations in the States of Washington, Idaho, and Alaska (n=746). Individual respondents selected (n=138) included 15 from Idaho, 15 from Alaska, and 35 from King, 12 from Kitsap, 16 from Pierce, 15 from Snohomish, 15 from Spokane, and 15 from Thurston Counties in Washington. All met criteria that respondents were (a) persons with knowledge about and who provide services (Older Americans Act, health, financial assistance, and other social services) to older adults; and (b) bilingual and bicultural individuals who read, listen to, and/or watch API language media in their communities (if available) and are aware of an array of information dissemination methods used in specific API ethnic communities.

Respondents were asked about their knowledge and experiences with

- types and amounts of information accessible to specific ethnic groups of API older adults and their family caregivers through the existing formal support system network;
- current level and type of interaction between formal support system network and API ethnic communities with regard to services or health program information;
- barriers that affect access to information for API communities;
- formats and methods for information dissemination to specific ethnic groups of API older adults and their family caregivers; and
- recommendations by formal support system network members and the media for HCFA in designing an information campaign that targets specific ethnic groups of API older adults and their family caregivers and improves information access.

Findings reported in the following sections reflect analysis of 101 respondent's comments. They include 3 from Alaska, 8 from Idaho, and 90 from Washington counties (30 from King, 13 from Kitsap, 12 from Pierce, 11 from Snohomish, 13 from Spokane, and 11 from Thurston). Respondent affiliations included service providers at government or community organizations (n=94), media contacts (n=7), and bilingual and bicultural key informants (n=32). Several respondents were affiliated with more than one of the classifications.

Assessment of API service and access problems. The study indicates that service providers believe getting information and accessing services are primary concerns for API elders. Additionally, it appears that services are reaching more of the API older persons who are likely to be eligible for or participate in Dual Eligible Programs (i.e., Medicare and Medicaid) than the API older persons who are not dual participants (i.e., participate in only Medicare, or only Medicaid, or are ineligible or non-participants in these programs). Non-API community organizations that reach Vietnamese, Cambodian, and Korean elders, appear to reach those who have resided in the US the longest or who are more highly educated and able to speak English. Respondent perspectives of API elder's problems are fairly consistent. Respondents in this study ranked lack of information, poverty, language, loneliness, and transportation as the top five problems for API older persons in their locale.

Interaction between API communities and service organizations. Perhaps not surprisingly, most interaction between formal service systems and specific ethnic community groups is reported as low where community-based API language service providers are established, particularly in King, Pierce, Kitsap, and Snohomish counties. Otherwise, for example in Idaho and Alaska, it is non-existent.

An exclusive reliance by API elders on formal service agencies for service access appears to be associated with inadequate information about service availability and access. Yet, the few API elders who successfully access service systems and navigate language and other barriers are more likely to get additional information about and referrals to other needed services. Service providers do appear to attempt to provide an array of service information and make service referrals where appropriate, even though it is not known whether these efforts are enough to enable an API elder to access those services. Other service access studies, however, show that few formal service providers contact elders to find out if referrals were successful and if not, whether additional assistance is needed to assure successful responses to expressed needs (Capitman, 1988; Lin, Masuda, & Tazuma, 1982; MacAdam & Yee, 1988).

Survey responses suggest that API community based organizations consistently reach vulnerable, isolated, low income API elders who are the least able to access monolingual English mainstream service and administrative agencies. Together with responses pointing to the efficacy of personalized and informal methods to convey messages (about Medicare or Medicaid programs, eligibility rules, and/or program protocols), study findings raise concerns about the accuracy and timeliness of information in meeting the needs of API elders. When a limited English proficient elder has the burden of asking the right questions in a system that provides "limited access", what was intended as first positive steps by HCFA to be consumer responsive may be misinterpreted and create additional barriers. For example, an API multilingual effort to inform and encourage API limited English proficient elders to use the '1-800-MEDICARE' phone line is a good first step, but the lack of API multilingual telephone operators to respond to calls from API elders may result in even less credibility and confidence in HCFA efforts to inform and include limited English proficient beneficiaries in the formal system.

Use of API language media for information and education. Survey findings suggest that the most successful mode of information dissemination in States studied is through family/friends of API elders, in-person, by word-of-mouth, then by newspaper and newsletter. Electronic media are not viewed as effective information modalities by respondents. Interestingly, telephone contact (which might include telemarketing) was rated as having the lowest favorable impact among the methods for information dissemination, even though these efforts are used among commercial companies target Chinese, Tagalog (Filipino), and Korean speaking persons.

The findings suggest several perspectives that are relevant in developing information and education campaigns. Information dissemination methods filtered, interpreted and culturally translated by trusted and competent persons in an elder's social context are rated as more effective by API community experts and mainstream service providers participating in the study. This finding reinforces the opinion that **messages for API elders are best understood because they are conveyed in the context of API elder's life experiences** (Yee et al., 1999; Yee & Shin, 1999a; Yee & Shin, 1999b).

Findings further suggest that conveying messages through **reliable messengers** who are known to and trusted by API elders is more effective than trying to convey an anonymous mass media mainstream message. This suggests that efforts to 'arm' non-API trainers and outreach workers with multilingual material alone may be much less effective than pairing that worker with a community leader or member to convey messages, even if that person is not an "expert" in the material content.

Additionally, work with API language media, particularly newspapers serving Chinese, Korean, and Vietnamese communities, and possibly other API communities, may be an effective means of outreach. NAPCA's experience with community based organizations and newspaper publishers affirms the notion that **relationships with newspaper and newsletter publishers** are a first step in building reliable vehicles for messages in

API languages (National Asian Pacific Center on Aging, 1998; National Asian Pacific Center on Aging, 1999).

Suggestions for government information dissemination. Study respondents clearly affirm the need for government agencies involved in information dissemination to consider approaches that involve partnerships with API informal support systems: e.g., community based organizations, service providers, civic organizations, and religious organizations. It is through such relationships that targeted translation and production of API language media materials can be successfully disseminated. These steps, however, do not preclude **government agency efforts to promote, foster, and develop culturally competent organizational environments.**

Finally, it is clear that the challenge of working with multiple API communities, languages, and ethnic media has not been adequately addressed. Many efforts in the US to address language differences use an 'either/or' perspective in responding to the information needs and concerns of API elders. They aggregate the various API ethnic groups and attempt to treat them as a homogenous 'minority' or they select the largest or most familiar ethnic group and try to model service, policy or organization interventions on other communities without attention to appropriateness or fit. Neither of these approaches bodes well for success.

Informational Infrastructure Roadmap

The development of successful information dissemination and education campaigns to inform elders about their rights and protections as program consumers by a government agency like HCFA requires initiatives that are focused on inclusiveness and cultural competence. These initiatives must incorporate messages and information campaigns with a clear understanding that there is no "one size that fits all" information dissemination approach nor media campaign that will work in all API ethnic communities without some attention to detailed variation.

The Annotated Bibliography, Demographic Study, Support System Study and Environmental Scan are building blocks. Ideas, suggestions and concepts drawn from this series of studies are a fertile starting point for the design of pilot and demonstration projects as well as policies on building an information infrastructure. HCFA and other units of government can consider using study findings to initiate and/or sustain dialogue with communities about needs, experiences with service systems and information on program rights and protections. Taken together, the findings and recommendations are the basis for a roadmap which can function as the "central nervous system" of an information network infrastructure to fulfill aspects of HCFA's responsibility to assure that individuals understand their rights and protections as participants-consumers-beneficiaries of the Medicare and Medicaid programs. The Roadmap will contain several strategies that support HCFA's mission of inclusiveness and cultural competence as it's "way of doing business." From this perspective the roadmap also provides methods for HCFA to monitor its effectiveness and assess program outcomes relative to API older persons and other vulnerable populations.

Information is a cornerstone for building the capacity of communities to support and empower their members, whether old or young. There is consensus among providers and community leaders that special efforts are needed to assist limited English proficient elders to assure that beneficiaries are well informed about Medicare and health care, enable them to exercise informed choice in the context of program parameters, and assure that they understand and seek protections available to all program participants. Unless these special efforts are made, API elders will

- be increasingly less informed about Medicare and health care and more overwhelmed by the service system complexity and barriers;
- be likely targets of marketing ploys that do not lead to accessible or quality health care; and
- experience poorer health status and demonstrate even lower levels of health care utilization because information about Medicare and Medicaid is inaccessible.

The roadmap describes the potential **messengers** that HCFA might consider as partners in their effort to assure that API Medicare/Medicaid beneficiaries understand their rights and protections. As well, it describes methods for effective ways to convey messages and ways to address related and consequent concerns about **quality assurance**.

Messengers

Elders. Elders across API communities represent wisdom and authority and are recipients of respect from younger members of their communitites. Yet as younger API generations in the US become mroe acculturated to western society, elders often encounter losses of social status or role reversal that compund losses associated with 'normal' aging. This dilemma often leads to feelings of helplessness and dependency that exacerbate existing language or cultural barriers (Yee & Shin, 1999a). This is particularly true for limited English proficient elders.

Were opportunities viable and available, API elders who are English proficient and bilingual could act in a capacity as informal advisors among their peers. Senior Rights Assistance in King County, Washington is an example of an existing peer counseling program sponsored by a mainstream organization that has made a commitment to include API elders among those they serve. After receiving formal training from staff, senior volunteer counselors provide information to other elders who have questions about health insurance and long term care. The efficacy of peer counseling evolves from a foundation of trust built around similar life experiences. It is more likely that information can be conveyed in a culturally competent manner when someone who shares that culture is the helper. A peer counseling model can empower API older adults and be a successful means for getting information about rights and protections to API Medicare and Medicaid beneficiaries.

Community Leaders. The infrastructure of API communities in general emphasizes the family and community over individual. *The Spirit Catches You and You Fall Down* (Fadiman, 1997), describes conflict between the culture of western medicine and Hmong life experiences and belief system. The Hmong proverb "One stick cannot cook a meal or build a fence" depicts the strong group interdependence that exists in most API communities. This group solidarity builds a sense of ethnic identity and security and a means to overcome language and cultural barriers.

Most API ethnic communities such as Pacific Islanders and Southeast Asians share extended family or clan structures that provide explicit mutual assistance. A family can extend beyond a nuclear unit that includes aunts, uncles, cousins, nieces, nephews, as well as non-family members who have formed trusting bonds. A designated leader within these structures usually exists, who resolves community disputes and other problems. Although there is a formal leader within a community, there are also gatekeepers.

Gatekeepers are often members of communities who have the trust and respect of elders. They are expected to screen and protect the interests of members and assure system access when isolated members need "outside" help. For mainstream organizations, reaching different API groups through well-known, respected, and trusted gatekeepers is an avenue for effective community outreach and education (House Subcommittee on Human Resources of the Committee on Education and Labor, 1988; Moon, Lubben, & Villa, 1998; Tirado, 1993).

Community Based Organizations. API community based organizations (CBOs) provide services or support in communities of unserved and underserved populations. They play a crucial role in the lives of API elders and provide API elders with services unavailable through mainstream systems that are not culturally competent and do not use relevant outreach strategies to link API elders with services they need. Many organizations overlook the significance of language barriers and lack recognition that barriers are not overcome by mere efforts to translate information verbatim.

API CBOs provide an anchor for an infrastructure that provides relevant information and assistance, social services, aging network services, Medicare information and health care access, expanded housing resources and a structure for further identification of needs and sustained advocacy efforts. Many of these services are provided on a one-to-one basis (i.e., case manager advocacy, counseling, orientation for recent immigrants) while some are provided through group or community-wide approaches (i.e., study groups, public information meetings) and/or community events (e.g., health fairs).

A functioning API community linkage with public and mainstream service systems requires an information infrastructure that gets periodic maintenance and reconstruction or it will fail to support effective service delivery for API elders. We propose that API CBOs in most communities are the segment that defines the strength of the community linkage and a defining part of an information infrastructure for API elders. Such service providers are the formal service anchor and "first stop" for services that are provided directly or by referral. If the CBO does not have the authority to assure successful service referrals, at a minimum most will identify a substitute among their own resources, however poor it might be in meeting individual needs.

When CBOs make ends meet by substituting less than optimal service interventions to address needs that mainstream service systems cannot meet due to language and other barriers, community need is masked, as is the acceptability of service approaches. As well, community expectations are lowered, for example, in identifying ways that chronic care needs may be met through non-institutional interventions. Likewise, accurate and complete information about Medicare and Medicaid rights and protections, if not known or misunderstood by CBOs and API informal support systems, create additional barriers to service access and desired health care outcomes for API beneficiaries. Efforts are needed as much to recognize gap-filling, as to support CBO efforts to improve and expand access to services.

Community-specific Mass Media. NAPCA's experiences with community based organizations and mass media affirm that targeting hard to reach API groups about health or non-health related services or products, should include strategies to partner with API media. This entails viewing media as a multi-message information dissemination venue for announcements, information and education purposes. The more traditional method of only releasing literal translations of English alerts about fraud or changes that jeopardize program participation does not provide incentives or help API language journalists or radio show producers understand larger policy and program issues for API elders.

As well, newsletters published and distributed by community based organizations are viable media resources, even while recognizing that informal and personalized methods for conveying information remain the first and foremost way elders get information on which they take action to, for example, submit forms requesting that their monthly social security not be deposited in a bank or to sign-up for Medicare Part B. For API language media efforts to be successful, relationships and partnerships are a first step toward creating reliable information vehicles for disseminating messages about consumer rights and protections related to Medicare and Medicaid. These include relationships which

- are collaborations between government and API community partners that support national and local initiatives which include assistance with media coverage/promotion of materials;
- are partnerships with Aging Service Networks that are willing to directly distribute materials at events or in their offices (e.g., health fairs, Medicare education workshops, nutrition sites); and
- identify collaborations with organizations that would reliably broker partnerships with other API organizations or individuals willing to serve as information contacts.

It is through such relationships that targeted translation and production of API language media materials might become feasible routes for successful dissemination of information on Medicare and Medicaid rights and protections. These steps do not preclude government agency efforts to hire bilingual staff, to develop materials internal to the organization, or to directly communicate with API older persons who are their consumers.

Developing and Disseminating the Message

There appears to be a trade-off between quantity (ethnic language media that is available to the general public) and quality (individual-directed and personalized information and messages) in developing information, education and media campaigns for API elders. It is not adequate to develop a standard approach for information dissemination nor is it appropriate to proceed with efforts designed as a "one size fits all" message. What is required is an understanding that efforts must extend beyond mere statements that services will be provided to all.

For example, a HCFA document to help Medicare beneficiaries compare health plans assumes that beneficiaries share common values and experiences related to choosing among health providers, health plans, and health care organizations. Even literal translations of an English language workbook on how to select the best health plan is not likely to be understood nor useful to many low income, limited English proficient API older persons. Literally translated documents alone, with the expectation that it would present adequate information for beneficiaries to help them navigate among new Medicare+Choice options, would likely result in frustration with the "system" rather than the intended first positive steps by HCFA to be consumer responsive.

Providing information access to an array of beneficiaries requires commitment to a complex ongoing process rather than a distinct set of uni-directional communication pieces, even when translated into API languages. Rather, efforts need to ensure that information is understandable and useful to all segments of the community and presented in contexts that are meaningful to targeted groups. Information dissemination methods filtered or interpreted and culturally translated by trusted and competent persons in an elder's social context appear to be more effective because they are conveyed and understood in the context of API elder's life experiences.

Here are additional examples of how programs have incorporated these perspectives and of how messages might be more effective when they reflect the life experiences, health beliefs and health seeking patterns of targeted populations through a host of enterprises.

A. NAPCA's Capacity Building and other Medicare information needs assessment projects involve understanding the importance of and challenge involved in developing vernacular API language information on Medicare basics, managed care, and other health system features. Translation efforts actively involve a cross-section of older persons in the selection of idioms, lexicon development, and approach used to convey health insurance and health care system concepts (e.g., primary care provider referral, episode of illness, or nurse practitioner/ physician assistant). Teams are organized to assure intergenerational, cross cultural, class, and multi-dialect representation to assure that various values, contexts and perspectives are considered in the process of translation and document production.

Additionally NAPCA extends its translation protocol to include reviews by a large group of experts or advisors who are themselves professionals and service providers in their ethnic/language communities. Advisors review and provide feedback on translated documents to assure a quality product and their involvement in dissemination plans. HCFA should extend its pilot Chinese language translation efforts by continuing to contract with an organization that assures high quality and appropriate translations in additional API languages and to expand on the number of documents to be translated. The contractor should work as a partner in developing information materials and dissemination strategies.

1999

B. White Crane Wellness Project in Chicago, IL combines education and training by using culturally relevant concrete health promotion approaches to inform and educate target populations (e.g., exercise, cooking, health screening). They integrate several multilingual program components into the fabric of each community site. They, like many other "social" and "supportive service" aging organizations, may be overlooked and undervalued as a resource for conveying a "rights and protections" message.

C. Self Help for the Elderly in San Francisco publishes a Chinese language monthly magazine that conveys health education messages that incorporate Chinese cultural traditions. Using varying consumer/provider perspectives, the periodical describes and explores information that can be supportive and helpful to readers who have similar concerns, problems, or life experiences.

D. SHIPS train and certify health insurance counselors to help individuals and groups understand and maneuver local health care systems. These insurance counseling programs exist in every State and are administered through State Unit's on Aging, State Insurance Commissioner, or State Health Departments. A small staff recruits and trains volunteers to provide health insurance counseling to older adults. NAPCA has a contract with a SHIP to assist with API community outreach and information dissemination, to make referrals to SHIP counselors, and to assist SHIP counselors when language is a barrier to obtaining SHIP assistance. The approach has enabled the SHIP to supplement a limited API language capacity, expanded outreach through a large service area, and heightened its visibility among API older persons who are limited English proficient.

Even when "interpreters" address language issues, a lack of familiarity and knowledge about health insurance and health systems can be problematic. A corollary is the reliance on grandchildren or maintenance staff to interpret for physicians and patients. The 'any person who speaks the language is better than no one at all' approach does not necessarily meet the 'do no harm' assumption in health and social services. Approaches that bridge language specialization needs are as important as general language access that assures API elders that they are welcome as consumers-patients-clients.

Approaches must be creative and move beyond paradigms that often are restricted by preconceived beliefs and notions. Because providers sometimes assume that "minority" elders are uneducated, illiterate or uninterested in health insurance or health systems advocacy, recruitment of API elders as peer counselors and cultural translators can be a problem in many communities. We would like to see SHIPs work with API community organizations in every community to assure outreach and responsiveness to generated referrals. As well, development of approaches to recruit and retain those who have API language capacity to assist SHIP counselors or to become certified as counselors are critical challenges. Government and philanthropic investment in piloting and testing models to develop insurance counseling language capacity is increasingly critical as health care access complexity increases.

Organizations could partner with programs such as the Senior Community Service Employment Program (SCSEP), which trains low-income API elders and offers them employment training opportunities that can lead to unsubsidized employment. Bilingual/multilingual API elders could be trained as health care counselors/advocates to assist their peers' understanding of and maneuvering within the health care systems. This approach would have a threefold benefit: it would train and empower low income elders; develop needed information and assistance resources among API elder communities; and generate role models for API elder leadership.

Quality Assurance and Access to Care

Identifying strategies that assure information on rights and protections to program consumers is a first but insufficient action. To achieve optimal health care outcomes requires appropriate accessibility, availability and affordability to quality health care. Just as language access is a first step toward addressing cultural differences, making accurate and useful information available is a first step to service access. The exercise of rights and protections among informed consumers and the responsiveness of a health care system administered by HCFA are the countervailing parts of a larger health care access problem, particularly for API older persons.

Even while efforts are underway to assure the availability of information about program rights and protections, HCFA urgently needs to develop an infrastructure to respond to system effects that result from increased demand for culturally competent care. At the same time HCFA must assure that API older persons, among other vulnerable populations, are receiving appropriate benefits from HCFA's programs. Thus, quality health care for all program participants needs attention, even as interventions are being designed, launched and their effectiveness evaluated to assure that consumers have needed information about HCFA programs. The following examples focus on the ways that quality assurance and health care access need to be considered as part of any information and outreach campaign.

A. Enrollment and disenrollment in competitive managed care health plans and across markets, including the availability of information about physician participation in health plans is a new challenge for API beneficiaries. In the last year there have been several instances of health plans in Los Angeles CA using bilingual marketing personnel. These marketers give API elders the impression that bilingual staff are available to provide care and assist with system-navigation problems. When these expectations are not met, API elders are saddled with an inability to communicate with "their" health plan and cannot access care because they do not understand the system and providers cannot be understood. Further, health plans often identify specific bilingual physicians on their roster as a marketing ploy. Health plans can and do change their physician roster at any time in the year. When used as a marketing feature and when elders join health plans because specific physicians speak their language, roster changes can have a deleterious impact on health care access.

- **Possible action:** Develop multilingual materials and education approaches to encourage elders to ask questions about specific health plan features that include language access among clinicians, appointment schedulers, patient assistance functions, and the patient appeal and grievance process.

- **Possible action:** Conduct training and education to help clinicians and health plans understand the importance of sustained language access for enrollees. Community physicians, medical societies, and language media could develop a public information program to inform and familiarize limited English proficient elders and their caregivers about physician health plan affiliations. Media outreach could target elders and family caregivers. Varied media methods could be used for effective outreach, to air complaints and problems, and give credit for satisfactory resolution of language access problems.

B. In order to reliably and accurately diagnose and treat many API older persons, practitioners need an understanding of traditional or complementary health care practices and beliefs that are ethnic specific. There is wide agreement that such approaches improve elder confidence in practitioner judgment, improve their compliance with negotiated treatment approaches, and improve communication between practitioner and patient.

- **Possible action:** Conduct a pilot project to consider whether the Consumer Assessment Health Plan Survey (CAHPS) and other related instruments are appropriate vehicles for including measures that reflect provider cultural competency. CAHPS is conducted annually among members of Medicare health plans. Data collected on consumer experiences and reported outcomes of health plan use are used to rate health plan performance. This information is made available to Medicare consumers so that they could include it in their decisions about health plan enrollment. Making such a feedback mechanism useful to API elders and others who use complementary health care, for example, would reflect their experiences and needs for information.

- **Possible action:** Encourage health plans and providers to showcase and describe their examples and evidence of culturally competent practices at Health Fairs sponsored by HCFA (this Fall) and as part of their marketing/outreach to consumers. This could promote information and develop community standards about cultural competency among health care systems and providers. Studies that assess best practices and their "fit" with community needs and the lowering of access and care quality barriers would improve dissemination of good technology and raise expectations about culturally competent performance among health care providers.

Data Monitoring and Actions for Continuous Improvement

Ensuring health care access for all program consumers, including API older persons, entails ongoing explicit effort to assure the availability and accessibility of accurate data on Medicare and Medicaid program operations and beneficiary outcomes. These efforts monitor progress toward HCFA goals and objectives and create the basis for evidence-based policy and program decisions.

- **Possible action:** Develop departmental policy that supports research initiatives to link inter- and intra-agency (HCFA and DHHS) data so that health outcomes in relation with access, provider practice patterns, disease prevalence/incidence can be studied. This addresses the lack of data on API older adult consumers in the Medicare and Medicaid programs as well as the absence of necessary API ethnic-specific data.

- **Possible action:** Provide broader support of initiatives such as those funded by the National Institute on Aging and National Cancer Institute that focus on capacity development among investigators to (a) define and respond to research agendas on API older adults and health care access, utilization, and outcomes; (b) identify and expand the pool of investigators who can conduct studies that assess outcomes for API older persons and their family caregivers relative to culturally competent health care service delivery; (c) expand the amount and types of data available to assess system, provider, and individual effects of Medicare and Medicaid program policies. Such initiatives would benefit from the establishment of multidisciplinary research centers that partner with API ethnic communities, researchers, and clinicians in using basic and applied research to improve health care outcomes for API older persons.

- **Possible action:** Under a national initiative API community based organizations, providers, and researchers might form a National API Policy and Resource Center to assure the capacity to assess service system effectiveness & efficiency, identify best practice models or culturally competent methods for serving API and other ethnic elder populations. Under the direction of such a Center, an array of projects could be developed that launch initiatives such as:

  (a) a project to identify whether cultural incompetence within systems necessarily engenders additional operational "costs." The project could address issues related to health outcomes, access, and equitable care availability and care delivery approaches;

  (b) a project to demonstrate the effects of culture-specific health beliefs and self-care practices, and use of complementary treatments for targeted types of health conditions on access and intervention outcomes; and

  (c) a project to identify and replicate cross cultural health practice models where multilingual and multicultural capacities are used in various types of health care settings that effectively serve older persons.

Conclusions

The Roadmap described in this report uses a set of pilot studies as a context to describe issues and opportunities for action. This report takes the view that effective information infrastructures for API beneficiaries are part of a larger set of access issues: access to health care systems, to affordable care, and to quality care that results in optimal health outcomes. The Roadmap is a starting place rather than an endpoint in addressing API beneficiary rights and protections issues.

The pilot study findings support strategies that are congruent with HCFA's mission and objectives to assure that beneficiaries (including API older adults) are aware of and exercise their rights and protections. In this section, recommendations for the construction of information infrastructures are forwarded to assist HCFA and other government agencies and provider systems. In particular, they highlight the need for information and outreach "fulfillment:" actions to assure that increased demand for appropriate care by informed consumers will be backed-up by an administrative infrastructure that assures quality care and optimal health care outcomes.

After a brief discussion of the limitations of this action plan, roadmap recommendations are organized to address (a) beneficiary information and education; (b) quality assurance and access to care; and (c) data monitoring.

Limitations. Data used for the development of this "roadmap" do not reflect the responses of randomly selected samples of all API elders throughout the U.S., their family caregivers, or those who provide services to them. Rather the findings are based on data analyses and survey activity in the states of Alaska, Idaho, and Washington, which represent less than a tenth of the API elder population nationally. While many recommendations are specific to the Pacific Northwest States studied, there is an interest in considering the ways in which efforts by HCFA and other government units to assure beneficiary rights and protections for API older persons will focus on national actions in conjunction with regional remedies. As a result, many of the examples for action related to the Medicare and Medicaid programs are based on NAPCA's work with API elders across the country.

First, recommendations for this "roadmap" are grounded in the belief that there is commitment to accommodate the diversity within the older adult population in developing program, organizational and policy options within HCFA that respond to beneficiary needs. Attempts at treating API elders as a homogenous 'minority' and/or in selecting the most accessible or familiar ethnic group and generalizing experiences to a larger representative group will not yield successful outreach and information efforts by government or health systems. Development of information and outreach or education campaigns need to be ethnic specific at the local level. While there are some aspects of outreach that can consider APIs in the aggregate, the specific materials and messages need to be community-specific and the message that there is no "one simple method" reinforced.

Second, roadmap recommendations must emphasize the importance of multi-faceted interventions that will inform API beneficiaries of their rights and protections under HCFA programs AND emphasize the need for HCFA to capture reliable and valid data to reflect on progress and challenges in meeting this goal. While it is uncertain whether the information infrastructure in Alaska and Idaho needs to look like Washington, in part because API populations are much smaller in number, it is clear that information infrastructures are needed to assure responsiveness to diverse populations. Recommendations that go beyond environments of States studied address the need for formal and informal/community based support systems to partner and collaborate in building an information infrastructure. There is no preconceived size, shape, or configuration that will define the infrastructure. Rather, pilot studies point to the extent to which such efforts are present.

Third, a focus on information infrastructure is only the first step in assuring access to affordable health care and improved health outcomes for API older persons. Real investments in effective service delivery approaches and real capacity among HCFA and its partners to provide information about and provide responsive care to API elders, while not a central focus of these pilot studies, must be in the line of vision. In a competitive marketplace of health services, waiting for informed consumers to demand culturally appropriate care as a wedge to assure culturally competent care would be short sighted.

Fourth, attention to sampling techniques to improve API population observations in national surveys and other efforts to monitor system access and health care outcomes is essential in order for HCFA to assess the effectiveness of their information and outreach efforts. While information on API populations in the aggregate may be somewhat helpful, ethnic-specific data is needed to target and assess the effectiveness of outreach and access interventions. The use of census data to estimate Medicare beneficiary population characteristics among API communities is the best tool, but it may be too blunt an instrument to design interventions that truly target API elder populations and their complex circumstances. For example, API elders may have Medicare Part A but not Part B, Part B but not Part A, Medicaid but not Medicare, and/or no benefits at all. The ways in which health care is not affordable for API older persons in the US and the ways in which they might be served by HCFA programs appears to be more complex and subject to misinformation than may be true for other vulnerable populations.

Actionable Steps

The Roadmap described in this document uses a framework to suggest strategies that agencies and organizations could take to assure that API older adults are informed about their rights and protections as HCFA consumers. Specific strategies that improve the cultural competency of HCFA's 'way of doing business' are described. Presented here are actionable steps, in the context of the aforementioned limitations that represent a multifaceted implementation of the "Roadmap".

> **Recommendation #1:** The Department of Health and Human Services should consider the establishment of an API Policy and Resource Center which would be a focal point for policy and government/community-based collaboration and partnership efforts to implement aspects of the Roadmap. The focus of the Center would be to improve health care information, access and outcomes for API older persons in the U.S.

In support of the President's Executive Order to establish an Asian American and Pacific Islander initiative within DHHS, this recommendation addresses the need to assure linkage between actions among DHHS and other government units and HCFA partners, aging services network, and API community based efforts. A Policy Center would focus activities on improved access to affordable health care and assured optimal health care outcomes for API older persons. As a focal point, the Center and the AAPI Initiative could play a critical role in assuring that Roadmap efforts are initiated, monitored and sustained in a coherent and coordinated fashion.

> **Recommendation #2:** Disseminate information about the Roadmap and its implementation through a series of briefings and presentations to HCFA, appropriate government units, and HCFA partners at annual, national, and local conferences in different venues

Strategic dissemination activities are needed to assure implementation of the "roadmap," to disseminate vulnerable populations study findings, and encourage replication of these referenced pilot studies where appropriate. Presentations at professional conferences could link HCFA's various efforts to address cultural competency. Venues could include conferences and annual meetings of the Gerontological Society of America, American Society on Aging, American Association of Homes and Services for the Aged, National State Units on Aging, National Association of Area Agencies on Aging, Health Services Research Association, American Public Health Association, or others.

Beneficiary Information and Education. Promoting and developing strategies that forward cultural competency requires recognition of the relevance and complexity of informing and providing education on health care delivery systems and health insurance as a feature of health care access.

> **Recommendation #3:** HCFA should launch a multi-tiered information and education campaign to assure that information on HCFA beneficiary rights and protections is available to Asian and Pacific Islander older persons, their family caregivers, and the API informal support system.

This Beneficiary Information & Education initiative can be structured in three tiers that would represent a sustained effort to target limited English proficient API consumers wherever they reside in the US.

- Tier 1: A basic level that assures the availability of written and electronic media language access to information about Medicare and Medicaid that conveys beneficiary rights and protections to API older persons;
- Tier 2: An intermediate level that provides sustained information dissemination and education program approaches with community leaders, service providers and beneficiaries to supplement and use materials developed at the basic level; and
- Tier 3: Systematic strategic interventions that incorporate ongoing information "fulfillment" and relevant communication and media approaches that respond to the ongoing needs of beneficiaries to seek and obtain assistance in using Medicare and Medicaid benefits. This level focuses on HCFA's assurance that there is capability to respond to queries and assist beneficiaries as they exercise their

rights and protections as informed consumers, largely as a result of the outreach and education efforts outlined as the first two tiers.

> **Recommendation #4:** Additional education and outreach efforts are needed for Qualified Medicare Beneficiary (QMB) and related Dual Eligible Program outreach. These efforts should focus on improving the linkage between the Social Security Administration (SSA), State medical assistance programs, and HCFA. Where beneficiaries have Medicaid and need assistance to access Medicare benefits, States must take the lead.

Multilingual and multicultural capacity is needed to improve the Dual Eligible Program outreach effectiveness. HCFA can take a more active role in assuring collaboration between local Social Security Administration offices and State medical assistance programs in conducting outreach and eligibility determination. QMB is a major initiative that could effectively assist large numbers of API elders who still do not know about or are misinformed about programs aimed at improving their access to affordable health care.

Similarly options for States to pay Medicare premiums, co-payments and deductibles for Medicaid beneficiaries need more visibility and advocacy. Large numbers of API older persons have Medicaid but not Medicare, even though they are eligible to purchase Part A coverage. State Medicaid programs may not need to initiate new information infrastructures for outreach to Medicare buy-in applicants. The Medicare outreach information infrastructure can be used in many communities.

In addition to developing partnerships with API community organizations to assist with outreach and application procedures, efforts are needed to identify and expand the participation of API older persons as resources (e.g., to assist as cultural translators) to SSA and Medicaid staff in conducting outreach, assisting with eligibility determinations, and case services.

> **Recommendation #5:** Statewide Health Information Programs and other health care advocates need support to assure accurate and timely assistance for API older persons and their family caregivers.

HCFA partners such as Statewide Health Information Programs and aging services network providers need assistance to develop models for capacity building that will enable them to respond to the increasing information and assistance needs of API elders as individual HCFA consumers and as ethnic-specific language communities.

In addition to recruiting and training API language interpreters who can help with health insurance assistance areas, interpreters could be trained to provide services in medical care settings, and in group information settings such as support groups convened by patient assistance departments of health plans or as speakers conducting information and outreach at congregate nutrition sites. As well, monolingual English workers will likely need orientation and training to enable them to work effectively with interpreters.

> **Recommendation #6:** Increase the ability of aging service network Information and Assistance offices to respond to the

multilingual needs of API older persons who need assistance.

Through the Older Americans Act, Information & Assistance (I&A) programs are available in every community across the U.S. For API older persons and their family caregivers who are limited English proficient, (a) the service is largely inaccessible except in a few urban areas in the country, (b) when I&A programs are language accessible, a widespread lack of language proficiency among service providers thwarts first steps among API families to get assistance, and (c) a lack of data on the volume and nature of access issues due to language and other cultural barriers becomes a lost opportunity to monitor needs in the community and assess what service systems can do to respond to unmet needs. Conversations with the contractor that provides technical support for the Elder Locator indicate that a current inventory of language capacity among I&A programs needs to be maintained. Further, identifying ways that distance caregivers can identify and address service needs of limited English proficient elders continues to be a problem.

> **Recommendation #7:** Implement demonstration projects that provide multilingual information, assistance, referral, care management, and related consumer services to enable API older persons to learn about and access home and community-based services, Medicare, Medicaid and other health access programs.

These demonstration projects would provide a basis for understanding how to best address information language barriers AND model ways that cultural competence could be addressed by service delivery systems. The Administration on Aging could work with HCFA, State Medicaid programs, and other federal agencies to support the use of technology to address and lower language and cultural barriers for limited English proficient populations.

For example, a pilot project could assess the feasibility of regionally based consumer information services that improve upon the content-blind interpretation services available through AT&T. Telephone, internet or other technology applications might be developed and staffed with multilingual, culturally competent counselors trained to disseminate information and mediate cultural and language barriers. Such technology applications might especially benefit emerging API elder communities on the periphery of large urban service-rich areas and address the challenges of small organizations needing to respond to the needs of elders who speak a wide range of languages.

Quality Assurance and Access to Care. Strategies are needed to "fulfill" the demand and expectations raised as Medicare and Medicaid beneficiaries who had not previously been active consumers of program benefits become informed consumers. Newly informed consumers will need opportunities to learn to exercise program rights and protections that assure access, quality care and optimal health care outcomes that improve their health status. As mentioned above, recommendations are made to set the stage for measures of progress among HCFA partners and providers toward a culturally competent health system for all consumers. Recommendations on quality assurance and access to care include varied components of education, training, and research initiatives that begin to set the stage:

> **Recommendation #8:** Develop training and education initiatives for geriatric health care professionals that particularly focus on cultural competency in practice and health systems settings.

The increasing diversity of older adult populations, ongoing problems with service access, and the lack of clarity about the association between service use and health care outcomes points to a critical need for culturally competent standards of care. The heterogeneity among API older adult populations with respect to language, immigration cohort, life experiences, socio-economic status, living arrangements and other factors requires interventions that replicate and apply culturally competent service approaches that respond to significant differences among the diverse populations that need health and other services. The Health Resources Services Administration (HRSA) needs data to target initiatives through its health professions training programs to improve cultural competence skills of practicing health professionals and those acquiring a health profession degree.

> **Recommendation #9:** Initiatives for health service research (behavioral, program evaluation, and policy oriented) to ascertain the impact of cultural incompetence on health care access, service delivery approaches, and health care outcomes.

The National Institute on Aging, Office of the Assistant Secretary for Planning and Evaluation, Health Resources Services Administration, Administration on Aging, Agency for Health Care Policy and Research and others should support such studies. These would build needed knowledge about language and cultural differences among ethnic populations and how they impact service access and health care outcomes.

Knowledge building though cannot be an end in itself. These studies must be applied to practice settings and address service access and health care outcome concerns. For example, studies on the "integration" of medical, health, and supportive social services for persons with chronic care needs could include an assessment of service approaches at the community and informal support system level. Such studies would disseminate information about best practices and factors that impact the replication of best practices in other settings.

> **Recommendation #10**: HCFA and other government units involved in surveys of representative samples of HCFA beneficiaries related to service utilization, service costs, and health care outcomes must address the absence of data on API beneficiaries and establish standards for the inclusion of API beneficiaries.

The development of sampling methods for national surveys that truly represent populations involved in HCFA programs must parallel efforts to encourage API elder participation and confidence in such efforts. National surveys such as the Medicare Beneficiary Survey, Consumer Assessment Health Plan Survey, and National Long Term Care Survey as policy and administrative tools to help HCFA monitor program operations are not currently accessible to all beneficiaries, including API older persons. As API consumers see and understand their role in providing feedback on the care they receive in improving health plan performance and care quality, their recruitment and involvement will improve.

The lack of data on API elders reinforces the need to identify methods that will address API issues of access and health care. With a Chinese version of CAHPS initiated, HCFA needs to sustain efforts to assure that the translated instrument meets reliability and validity standards of the English and Spanish versions of the instrument. As well, multicultural investigators will be needed to participate in analyses that assure that findings and conclusions are culturally competent.

> **Recommendation #11:** An initiative is needed to motivate and identify models for health plan collaboration and partnerships with API community based organizations.

Certified HCFA providers will increasingly need to assure that care provided is culturally competent, even as it meets standards of quality and appropriateness. HCFA could sponsor pilot projects that create options for certified Medicare/Medicaid providers to work with community based API organizations as contractors or affiliates.

Community organizations could in turn help health plans address language and cultural barriers by, for example, helping with personnel recruitment, developing contracts to provide interpretation and translation services as part of patient assistance, advise on outreach/marketing materials such as signage and fulfillment issues, and participate in organization quality assurance activities. The linkages represented by this initiative would improve language and cultural access to care for API elders and would address ways in which community informal support systems can be a resource in assuring access to health and social service systems.

> **Recommendation #12:** By developing pilot projects that recognize potential roles for interpreters and translators, the Health Resources Services Administration or other employment and training units could foster the establishment of career ladders for interpreters as they gain experience and knowledge about broad and/or specialized aspects of health care and specific technology.

Long-term investments are needed to move beyond interpreting during physician office visits to assure that language and culturally competent resources are available at all levels of health systems. Roles that support efforts to improve treatment compliance, communicate nursing advice, assure follow-through on service referrals, and assist with appeals/grievance protocols with PROs are all examples of efforts that could be explored as a means of assuring **language** and **cultural** competency.

> **Recommendation #13:** Establish a nutrition initiative as a component of disease prevention, health promotion, and chronic illness management efforts within the Centers for Disease Control, the National Institutes of Health, or other appropriate government unit.

Food is among the most visible, prevalent, and tangible elements of individual preference that is a function of culture, ethnicity, life circumstances, and compliance with chronic disease management. The role and importance of food preparation, food items, and menu selection in congregate settings are both one of the first things considered when cultural competence is broached and one of the last things systematically addressed in service settings where quantity and raw efficiency take priority over other features of service delivery.

Among mainstream service providers in institutional and commercial establishments that serve frail API elders, food preferences of API ethnic groups is rarely accommodated. Yet, nutritional status is a major risk for API older persons who are limited English proficient and isolated in monolingual service settings. This recommendation is for a Nutrition Initiative that would systematically identify and develop projects that would address food and nutrition problems for API elders in nursing home, residential care, home delivered meal, congregate meal and hospital settings. If the absence of communication does not isolate an API elder in monolingual English care settings, hunger and malnutrition surely does.

An Administration on Aging initiative could identify and replicate best practices among nutrition programs that address menu selection and food preference issues among programs that serve diverse populations of older persons.

Data Monitoring and Continuous Quality Improvement. Program driven data collection on service access, use, and outcomes are necessary to assess the ways in which differential health outcomes for API elders can be addressed. Efforts of care providers to develop and use culturally competent service approaches need to be monitored and progress toward cultural competency goals and objectives documented. Such monitoring would both contribute to an understanding of the relevance of addressing cultural competency as well as assure availability and accessibility of accurate data on Medicare and Medicaid program operations and beneficiary outcomes.

> **Recommendation #14:** HCFA should support efforts to assure the participation of APIs in Medicare Beneficiary Survey, CAHPS and other program monitoring efforts.

As HCFA certified health plans develop a capacity to reach multilingual and multicultural populations, efforts such as the Consumer Assessment Health Plan Survey (CAHPS) are needed to measure and assess beneficiary experiences in specific health plans. Like the Spanish version of CAHPS, the initial translation of CAHPS into Chinese will need to undergo psychometric testing to assure item and instrument reliability and validity. Development of the instrument is crucial in ensuring that CAHPS data collected from Chinese language beneficiaries can be compared to those collected from all beneficiaries. As well, the data collected needs to be available to Chinese language beneficiaries residing in any community and enrolled in any health plan certified by HCFA.

> **Recommendation #15:** Monitor the participation and outcomes of API older persons and other vulnerable populations in Medicaid Home and Community Based Waiver programs.

Census and other data show that these populations often have higher levels of disability at younger ages and/or evidence growing numbers who are dependent on care to mediate basic activities of daily living. Where and how do they receive care related to their chronic illnesses and disability if not in a nursing home? Data on API participation in Medicaid home and community based waiver programs is unavailable. Efforts of family members to address chronic disease and long term care needs in non-institutional settings are increasingly voiced as a problem in API communities. Data collection and analyses that monitor Medicare and Medicaid program operations and outcomes for persons of color need to be instituted.

While States are generally indifferent to API community interests in ethnic-specific data, their motivation and interest in assessing race/ethnicity effects of Home and Community Based Waiver Programs means that little is know about how Medicaid or Medicare (through the home health benefit) is available to beneficiaries, particularly those who are API. Such a study and a mechanism to periodically monitor program characteristics and outcomes are needed.

> **Recommendation #16:** The application of drug and other new technology in the treatment of diseases and disability need to be modeled on populations that reflect the diversity of persons in the U.S.

API older persons who are often smaller is stature, have co-morbid conditions such as tuberculosis or hepatitis B that might affect treatment protocols rarely participate in therapeutic trials. As a result, clinicians must guess at therapeutic dose-response levels and take the time to seek consultation on more varied drug interactions, particularly when treating recent immigrant elders. The National Institutes of Health should more actively assure that new drug therapies and other interventions being tested accurately and appropriately accommodate population diversity in the U.S.

Private-public collaborations as well as international foci of these types of studies must be considered if we are to adequately address sampling and study design issues that arise when targeting "rare" populations. Studies might consider ethnic-specific features (e.g., outcomes for Cambodian, Korean, and Tongan elders may vary widely due to health status, nutritional, cultural and other differences that would require study controls). As well, aggregation of "API" populations may be futile when therapeutic or clinical recommendations are developed for these same reasons.

The recommendations outlined and discussed throughout this document are so fundamental and broad in types of issues that they may be viewed and described as complex, multifaceted, and unrealistic. This report is an attempt to initiate a discussion on how to identify ways to begin a dialogue that addresses the health status and health care needs of the fastest growing ethnic minority older adult population in the U.S. Though these recommendations might be seen as elaborate, they serve to initiate discussions to improve awareness of these issues, facilitate the development of service and outreach efforts that truly address the information needs of a culturally diverse society, and begin to connect the promised effects of successful information efforts on beneficiary rights and protections with HCFA's mission of assuring fair and equitable access to its health care programs to older persons across the country.

Asian and Pacific Islander—Establishing Information Infrastructure
National Asian Pacific Center on Aging
1999

1999

References

Capitman, J., Hernandez, W., & Yee, D. (1991). Diversity Assessments in Aging Services. *Generations, 15*(4), 73-76.

Capitman, J. A. (1988). Case management for long-term and acute medical care. *Health Care Financial Review*(Annual Supplement), 53-55.

Fadiman, A. (1997). *The Spirit Catches You and You Fall Down*. New York: Noonday Press.

House Subcommittee on Human Resources of the Committee on Education and Labor. (1988). *Improving Minority Participation in Older Americans Act Programs* (Subcommittee Hearing Serial No. 100-89). Washington DC: House of Representatives.

Karon, S. L., & Capitman, J. A. (1992). *Race, Gender and Informal Care Effects on Formal Long Term Care Use of Elders with Chronic Health Needs* (Prepared for American Association of Retired Persons): (Institute for Health Policy, Heller School, Brandeis University, Waltham, MA).

Lin, K.-M., Masuda, M., & Tazuma, L. (1982). Problems of Vietnamese Refugees in the United States. In R. C. Nann (Ed.), *Uprooting and Surviving* (pp. 11-24). Boston: D. Reidel Publishing Company.

MacAdam, M., & Yee, D. L. (1988). *Case management study final report* Massachusetts Executive Office of Elderly Affairs : (Bigel Institute for Health Policy, Brandeis University, Waltham, MA.).

Moon, A., Lubben, J., & Villa, V. (1998). Awareness and Utilization of Community Long-Term Care Services by Elderly Korean and Non-Hispanic White Americans. *Gerontologist, 38*(3), 309-16; discussion 317-9.

Mutchler, J. E., & Brallier, S. (1999). English language proficiency among older Hispanics in the United States. *The Gerontologist, 39*(3), 310-319.

National Asian Pacific Center on Aging. (1998). *Report on Progress: Community Based Capacity Building for Asian Pacific Islander Elders* . Seattle, WA: National Asian Pacific Center on Aging.

National Asian Pacific Center on Aging. (1999). *Report on Progress - Year Two: Community Based Capacity Building for Asian Pacific Islander Elders* . Seattle, WA: National Asian Pacific Center on Aging.

Tirado, M. D. (1993). *Cultural Index of Accessibility to Care* : Latino Coalition for Healthy California, Public Advocates, San Francisco, CA.

Tran, T. V. (1990). Language Acculturation Among Older Vietnamese Refugee Adults. *The Gerontologist, 30*(1), 94-99.

Wu, F. (1975). Mandarin Speaking Aged Chinese in the Los Angeles Area. *The Gerontologist, 15*, 271-275.

Yee, D. L., Rose, D., & Bostock, K. (1999). *Demographic Report on Asian Pacific Islanders in Washington, Alaska, and Idaho* . Seattle, WA: National Asian Pacific Center on Aging.

Yee, D. L., & Shin, A. (1999a). *Asian and Pacific Islander Elders: a report on formal and informal support systems* . Seattle, WA: National Asian Pacific Center on Aging.

Yee, D. L., & Shin, A. (1999b). *Information Resources Among Asian and Pacific Islander Elders: an environmental scan* . Seattle, WA: National Asian Pacific Center on Aging.

AVERY
DENNISON

CMS LIBRARY
3 8095 00014168 5

The analyses upon which this publication is (in part) based were performed as a special project under Contract 500-96-P618. The special project, entitled "Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations– The Asian, American Indian and Eskimo Populations in the States of Washington, Idaho and Alaska Study, and the over-85 Medicare/ Medicaid National Population Study," is sponsored by the Division of Member Rights and Protections, Health Care Financing Administration, Department of Health and Human Services. For the purposes of this project, the National Asian Pacific Council on Aging (NAPCA) and the National Indian Council on Aging (NICOA) are contractors to PRO-West. During the course of the project, PRO-West was responsible for project management, facilitating between the partners, and coordinating with HCFA to assure that the project met HCFA expectations for each study. The conclusions and opinions expressed and the methods used are those of NAPCA and NICOA. They do not necessarily reflect HCFA policy or the opinions and conclusions of PRO-West. NAPCA and NICOA assume full responsibility for the accuracy (to the extent under their control) of the ideas presented. This publication is a direct result of the Health Care Quality Improvement Program initiated by HCFA, which has encouraged identification of quality improvement projects derived from analysis of patterns of care. Ideas and contributions concerning experience in engaging with the issues presented here are welcomed by PRO-West. This contract is interpreted and performed in accordance with the HCFA Contracts with PRO-West for Operation of Utilization and Quality Control Peer Review Organizations for the State of Washington (Contract Number 500-96-P618). All clinical and scientific material presented or referenced is intended for informational purposes and is not intended to replace the independent judgment, decision making and research of a health care provider treating a particular patient. Readers are encouraged to confirm the information contained herein with other sources. In view of the possibility of advances in medical knowledge or human error, neither PRO-West, its sponsors, its staff, its agents, its consultants, nor any other party involved in preparing or presenting this information makes representations or warranties, express or implied, with respect to any treatments, decisions, or actions by any person following the information presented or referenced herein. PRO-West will not be liable for any direct, indirect, consequential, special, exemplary, or other damages arising therefrom.

PRO-West
A Professional Review Organization℠

PRO-West is an independent, private, non-profit organization under contract to the Health Care Financing Administration to assess and improve health care quality for Medicare beneficiaries in Washington, Idaho, and Alaska.